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ABSTRACT

The Teenage Health Teaching Modules (THTM) program is a health education curriculum for adolescents. Each THTM module frames an adolescent health task emphasizing development of self-assessment, communication, decision making, health advocacy, and self-management. This module provides complementary details on the substance of the THTM program. Specifically, it contains the THTM program framework and overall conceptual orientation, the goals and philosophy of the program, an overview of module content and teaching strategies, and introductory activities for students. These activities include suggested discussions on the topics of health, the process of making health decisions and performing health tasks, and the general organization of the THTM modules. It is suggested that this module be used in conjunction with the THTM training guide. (JD)

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DEPARTMENT OF HEALTH & HUMAN SERVICES

PRELIMINARY DRAFT
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Public Health Service
Centers for Disease Control

Memorandum

Date · October 1983

From Director, School Health and Special Projects
Division of Health Education
Center for Health Promotion and Education

Subject Teenage Health Teaching Module - HEALTH IS BASIC:
AN INTRODUCTION TO THE THTM PROGRAM FOR TEACHERS AND STUDENTS

To Colleagues in School Health and Health Promotion

The attached module, Health Is Basic: An Introduction to the THTM Program for Teachers and Students, is one of sixteen modules in the Teenage Health Teaching Modules (THTM) program. The overall goal of this health curriculum for adolescents is to provide secondary school students with knowledge, skills, and understandings that will enable them to act on behalf of themselves and others in health-enhancing ways. Each THTM module frames an adolescent health task and is designed to help students contribute to their own present and future health and well-being and that of the families, schools, and communities to which they belong.

The THTM program was produced under contract (CDC 200-79-0922) between the School and Scoiety Programs of the Education Development Center, Inc., and the Center for Health Promotion and Education of the Centers for Disease Control.

Inquiries related to this module should be directed to this office. Write or call:

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Roy L. Davis

SP026469

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This is one module in the Teenage Health Teaching Modules (THTM) program, a health education curriculum for adolescents developed by Education Development Center, Inc. (EDC) and funded by the Center for Health Promotion and Education, Centers for Disease Control, Public Health Service, U.S. Department of Health and Human Services.

The overall goal of the THTM program is to provide secondary school students with knowledge, skills, and understandings that will enable them to act on behalf of themselves and others in health-enhancing ways. Each THTM module frames an adolescent health task and is designed to help students contribute to their own present and future health and well-being, and that of the families, schools, and communities to which they belong.

Official health and education agencies may also contact the School Health and Special Projects Office, Division of Health Education, Center for Health Promotion and Education, Centers for Disease Control, Atlanta, GA 30333, (404) 329-2829 or FTS 236-2829.

TEENAGE HEALTH TEACHING MODULES

Health Is Basic: An Introduction to the THTM Program for Teachers and Students

Understanding Growth and Development

Being Fit

Eating Well

Communicating in Families

Promoting Health in Families

Having Friends

Living with Feelings

Handling Stress

Protecting Oneself and Others: Smoking, Drinking, and Drugs

Preventing Injuries

Improving Health and Safety in the Workplace

Locating Health Resources

Using New Health Research

Acting to Create a Healthy Environment

Planning a Healthy Future

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Of the 16 modules, the following eight modules received some field testing - CHOOSING A HEALTHY WORKPLACE, PLANNING A HEALTHY FUTURE, HEALTH IS BASIC: AN INTRODUCTION TO THE THTM PROGRAM FOR TEACHERS AND STUDENTS, PREVENTING INJURIES, LOCATING HEALTH RESOURCES, PROTECTING ONESELF AND OTHERS - SMOKING, DRINKING AND DRUGS, ACTING TO CREATE A HEALTHY ENVIRONMENT, AND PROMOTING HEALTH IN FAMILIES.

The contractor was not required to revise the modules based on this limited field test; but, we feel that it is necessary to share the reactions received with you. Listed below are the comments on HEALTH IS BASIC: AN INTRODUCTION TO THE THTM PROGRAM FOR TEACHERS AND STUDENTS as reported to us by the contractor in their report entitled, Eight Teenage Health Teaching Modules: A Preliminary Review, July 1983.

Review Sources: Interviews with teachers and other health professionals.

1. Junior high school home economics/family life teacher (Massachusetts).

2. Junior and senior high school health education coordinator (Colorado).

3. Senior high school health education teacher (Massachusetts).

Overall Reactions

Of the three reviewers, two responded very positively to the module HEALTH IS BASIC. Although a third reviewer commented that the module provided "a good orientation to the THTM program," she thought that it could be more tightly and clearly written -- with less repetition and without the use of abbreviations (e.g., THTM, SHES and the abbreviated titles of the modules in several charts). Because teachers have so many materials to read, this health teacher recommended shortening the introductory module and even presenting the information in outline, rather than in narrative form. Representing contrasting views, two other readers stressed the value of HEALTH IS BASIC as a thorough introduction. The presentation of key concepts in more than one place in the module was seen as an important reinforcement rather than as repetition. The family life teacher commented, for example, "I liked the level of detail. It's important to hear things in different ways. Evertime something was repeated, an additional point was made. I found that a helpful way of fitting everything in."

All three reviewers like the inclusion of student activities in HEALTH IS BASIC. They questioned whether teachers could realistically give students a choice of what modules to use given the limitations on teachers' preparation time and the often predetermined focus of a class. Nevertheless, each reviewer thought that the student activities served an important purpose as a way of modeling the curriculum for teachers who might read the module as a general introduction. Reviewers also commented on the value of using this module as a central part of either individual or group training and preparation for teaching the curriculum

Issues/Ideas and Suggested Revisions

Most suggestions for changes came from the one reviewer who felt the module could be shortened. In particular, she suggested that pages 1 through 17 be radically abbreviated or even eliminated. Likewise she thought that the section on teaching strategies could be a great deal less detailed, and asked: "Do you really think such detailed instruction is needed for teachers?" After explaining that this section was specifically written in response to teacher feedback, she modified her opinion indicating that this section should stay as is if it responds to reactions from the field. Other ideas, issues or suggestions included recommending this module to all curriculum users, using the module as a training tool, and including references to complementary media.

The one reviewer who had reservations about HEALTH IS BASIC indicated that she would like to see changes in length and format. Even with the present level of detail, however, she said the module would remain in its present form. "It just seems like a lot of material." Both of the other reviewers indicated that HEALTH IS BASIC is "ready to go."

Technical Review Comments

Technical reviewers were positive about the introductory module. Particular comments point to the ambitious, but realistic module goals, the broad and well-stated program philosophy, the diversity of teaching strategies, and the clear and comprehensive presentation of material.

Concluding Comments

Preliminary review of the final eight Teenage Health Teaching Modules is largely positive. Reviewers consistently state that the modules are clearly organized and provide adequate background material for teachers. They also comment that the activity methods and content are appropriate for junior and/or senior high school students. Health educators are impressed with the variety of teaching strategies integrated into the modules, and generally feel comfortable with the teaching methods.

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Health Is Basic: Part One

An Introduction to the Teenage Health Teaching Modules For Teachers

The Challenge and the Promise Of Adolescent Health Education

How do we teach about health in such a way that adolescents will respond positively, actively, and enthusiastically on behalf of their own health and the health of others, now and as they grow older? How can we let them know that we understand and appreciate the changes and challenges they are presently experiencing as they are maturing physically, mentally, socially, and emotionally in a world of confused and confusing messages about what is good, wise, and healthy? How can we provide them with frameworks for thinking about the choices they are making every day that bear on their life and sense of well-being? How can we share enough information with them to make them knowledgeable health consumers, but not so much information that they are overwhelmed and intimidated? In a word, how can we empower them to work, play, and live healthfully? These are the essential challenges of adolescent health education.

Adolescence can be a very difficult period--a fact to which many adults can attest. The advent of puberty can, understandably, be unsettling. In addition, the profound need to be accepted by peers dovetails with the necessity to be more independent and less sheltered by family, and can lead to some behaviors we would call risky at best, and downright unhealthy or life-threatening at worst. Add the new demands and expectations of society--teachers, relatives, employers, coaches, the government, the military, the college, the church, other institutions--and it is no wonder that adolescents sometimes give themselves, and others, cause for alarm.

What is health-enhancing, life-promoting behavior? At given moments in a teenager's life it can be hard to tell. The shared cigarette can seem more important than any future lung consequence. The shared intimacy can seem more important than the possible pregnancy or disease. The thrill of danger can seem more important than the potential injury or death. Bearing anguish in private can seem more important than risking exposure by asking for help. To figure out what is significant in terms of their present and future well-being, adolescents require love, opportunities, moral support, good role models and, yes, comprehensive health education to enable them to assess their own functioning, communicate with others, make responsible decisions, and manage their bodies and their lives wisely.

Health education for adolescents is particularly important, as well as challenging, because it occurs at that critical period in their lives when they are first confronted with increasing autonomy, rising hormone levels, and reduced adult presence and influence in social situations where health-affecting decisions are most often made--in the cafeteria or the gym, at the party or ball game, in the driver's seat or the back seat. The options are not always clear and the choices are not always easy.

Adolescent health education is important not only because of adolescents' unique needs, but also because of the changing nature of disease. During the early part of this century, most of the major killers were acute infectious diseases. Improved sanitation, better housing, food and water purity, a variety of environmental protection practices, as well as the discovery of vaccines and immunization techniques, have for the most part eradicated them. Today, the major killers are the chronic degenerative diseases--cancer, heart disease, strokes, diabetes, and cirrhosis of the liver. These begin silently, gradually weakening the body, presenting no symptoms until many years later. Genetic predisposition plays a role in their development, but lifestyle choices--diet, exercise, smoking, environments we live in, how we respond to stress, to name a few--also play a major role. The lifestyle choices teenagers establish in their adolescent years can become lifelong habits with the potential for profoundly affecting their risk of disease later in life. Moreover, the two leading killers of adolescents--accidents and violence--are almost always the result of behavioral choices, and therefore can be prevented.

In addition to these changes in morbidity and mortality, three other significant contemporary trends further affect the nature of health education needed at the secondary school level. First, the costs of medical care are rising at a startlingly rapid rate. Second, there has been an increase in consumer awareness of patient rights and responsibilities for decision making about their own health care and lifestyle choices. And last, the remarkable increase in health information and research findings, with sometimes conflicting implications for health decision making, has injected new confusion into the public mind. Adolescents as well as adults need to consider the ramifications of these trends.

Of course, adolescents--and adults, for that matter--do not always see or want to see the long-term health effects of their behavior. We have a responsibility to let them know that lifestyle and behavior choices made during adolescence have a significant effect on health in adulthood. Not only do these lifestyle choices affect the individual's health directly, they take on amplified significance as the person in time becomes a parent and voting citizen. The health knowledge, skills, and attitudes that high school students learn today can affect the health of their friends, families, and communities, as well as themselves and their children, over time. Over lifetimes. That is why secondary school health education matters--it may be the most basic of the "basics."

Conceptual Orientation:

Perspectives on Health and Health Education

Health

Adolescents themselves have offered us a clear and simple definition of health. In a 1979 study of teenagers' perceptions of health*, the consensus among teenagers was that to be healthy was to be lively, strong, and able to do what you want; not tired, rundown, or without much energy. Health was seen as a condition that enabled one to act at one's full potential.

If health is defined as the ability to act at one's full potential, what, then, are the conditions that enhance this ability? In answering this question, our thinking is indebted to the work of the School Health Education Study curriculum development project (SHES)**. The Teenage Health Teaching Modules have been informed by, reflect, and build upon the conceptual framework developed by SHES. To begin with, the SHES definition of health offers a useful starting point:

> Health is a quality of life involving dynamic interaction and interdependence among the individual's physical well-being, his [or her] mental and emotional reactions, and the social complex in which he [or she] exists.***

Health, according to this definition, involves the individual's total being; physical, mental, and emotional functioning are all involved in "dynamic interaction and interdependence."

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*Robert W. Blum, "Adolescent Health: From the Perspective of Youth." Paper presented at the American Public Health Conference, New York, November 5, 1979.

**The School Health Education Study surveyed prevailing health education practices in public schools and student health behaviors, and developed experimental curricula to fill the needs the survey uncovered.

***Health Education: A Conceptual Approach to Curriculum Design (Washington, D.C.: School Health Education Study, 1967), p. 10.

Like SHES, THTM takes a very broad definition of health, including physical, emotional, social, and environmental factors, and recognizes that these factors are almost always interrelated. For example, the modules in this program ask students to explore how personal feelings, interpersonal relationships, the kinds of laws developed to protect health, the effects of pollution, the quality of health care services, and the ability to manage stress all affect health--as well as the more obvious factors like exercise, diet, and smoking.

Health Education

THTM defines health education as that process by which we provide people with the skills to assess their needs and to find health-enhancing ways of fulfilling those needs. Again, SHES is instructive:

> The goal of health education is not directed at a high level of health simply for health's sake, but rather to help each individual view health as a way of life that will help to attain individual goals and utilize one's highest potential for the betterment of self, family, and community.... Every individual, regardless of a chosen profession or occupation, will be confronted with health decisions every day.... One cannot escape them. Thus, health education is an integral part of general education focused upon human concerns and values. In effect, it offers heretofore untapped potential for achieving the goal of self-actualization.*

Most current health programs focus on what individuals can do to improve their own health through improved responses to stress, adequate exercise, good nutrition, and decision-making skills. While the emphasis on personal responsibility for individual health behaviors is critical, we believe there is also a need to make students aware of the fundamental social, cultural, environmental, and economic factors that affect health, and to add concepts of social responsibility to the "personal behavior" issues already addressed in existing materials. As the diagram of concentric circles illustrates, THTM encourages students to explore themselves and then to move to an ever-widening circle of concern for others. The diagram also emphasizes that decisions made in the outer spheres can have profound effects on the inner spheres, and vice versa. For example, nuclear disarmament, which is a global concern, has implications for every man, woman, and child in the world. Conversely, each of us can influence conditions in our families, at work, in our communities, and even in the world beyond, that affect health.

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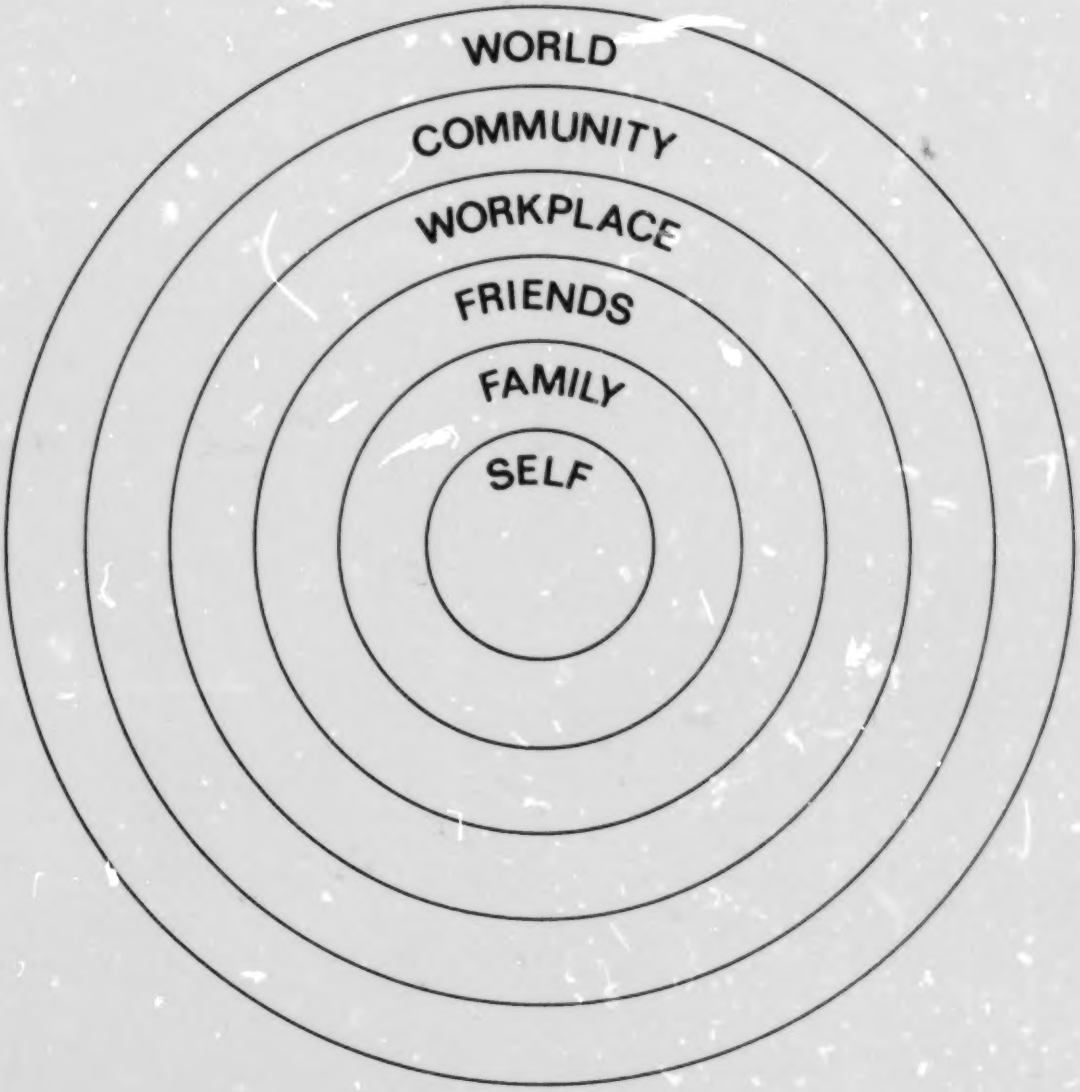
*Health Education: A Conceptual Approach to Curriculum Design (Washington, D.C.: School Health Education Study, 1967), p. 11.

TITM MAP OF HEALTH TASKS



Of course, the individual, or SELF, is at the center of health decisions. Self-awareness, self-esteem, and a potent sense of one's own ability to take action are essential characteristics of a good health decision-maker. Human beings, however, do not exist in isolation, but in relation to other people and to the physical and social environment. Some health decisions, such as those about what to eat, how much sleep to get, the level of exercise we want, are primarily personal decisions that individuals make on their own. Although even here, help from our friends doesn't hurt and can often help us stick to our plans. Other decisions, however, require more than individual action; they require that people work together to change the conditions that have created or sustained the problem. For these reasons, the THTM modules address issues students will need to work on with others, as well as ones they can affect on their own through private or individual action.

The THTM Program Framework

The THTM program framework includes three components: the health tasks of adolescence, traditional health education content areas, and essential health skills.

Health Tasks of Adolescence

Psychologists have identified a number of developmental tasks that individuals in our culture confront as they move from adolescence to adulthood. Broadly speaking, the major developmental tasks involve: (1) forming new and more mature relationships with peers; (2) achieving adult social roles; (3) accepting one's physique; (4) achieving emotional independence; (5) preparing for work; (6) developing social awareness; (7) learning to nurture and provide for others. In their own ways, most adolescents attempt to resolve these tasks. Most traditional health curricula address very specific health topics such as smoking, drinking, drugs, nutrition, and exercise. The THTM program has developed modules that not only include these traditional health content areas, but also acknowledge and address the very special concerns adolescents confront on their way to adulthood.

The THTM concept of health tasks has emerged from this effort to combine the principles of developmental theory with those behaviors that are known to contribute to health promotion. By "health task" we mean those physical, mental, emotional, and social tasks adolescents need to resolve in order to develop to their full health potential. THTM has identified sixteen tasks that we believe are critical to health. Each module in the program focuses on one task.* In addition to an overall introduction designed for both teachers and students, the THTM program consists of individual modules, each introducing a key health task. The health tasks which are also the titles of the modules are on the following page.

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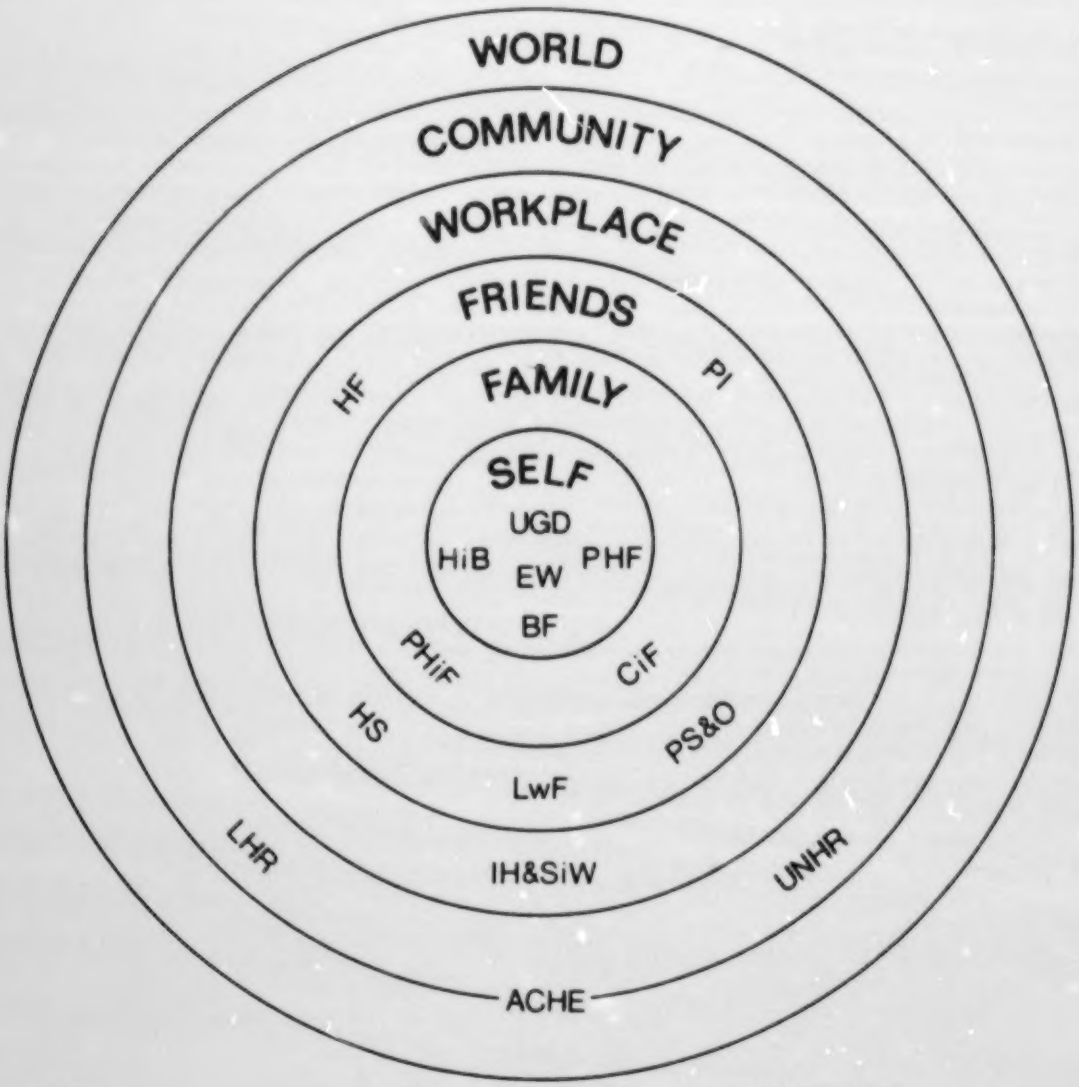
*In addition to the modules developed for students, three modules will be designed for use by teachers, administrators, parents, and interested community members. A teacher training guide is currently under development. When the program is completed, there will also be a module on school climate, suggesting ways for school administrators to improve the atmosphere of the school with respect to health and safety, and a module focusing on the key adolescent health task of understanding sexuality. This module, to be entitled Sex Education: Deciding What's Right for Your Community will be developed to help educators and parents decide what approaches and materials on sexuality are appropriate for their community. At this time, funding constraints preclude the development of the modules on school climate and sexuality.

- Health Is Basic: An Introduction to the Teenage Health Teaching Modules Program for Teachers and Students
- Understanding Growth and Development
- Being Fit
- Eating Well
- Communicating in Families
- Promoting Health in Families
- Having Friends
- Living with Feelings
- Handling Stress
- Protecting Oneself and Others: Smoking, Drinking, and Drugs
- Preventing Injuries
- Improving Health and Safety in the Workplace
- Locating Health Resources
- Using New Health Research
- Acting to Create a Healthy Environment
- Planning a Healthy Future

As indicated below, each of these health tasks (or the modules in which they are embedded) can be mapped or located in concentric circles. Understanding Growth and Development, for example, has been placed in the center of the SELF circle because it is concerned with the changes adolescents experience in puberty. Being Fit and Eating Well have also been placed in the SELF circle because many of the behaviors associated with these tasks are ones most people are fortunate enough to be able to make choices about on their own. Of course, family and friends, as well as community or workplace conditions, can also affect our eating and exercise decisions. Nevertheless, compared to the other health tasks, these are ones over which individuals do have a lot of personal, individual control. In contrast, Acting to Create a Healthy Environment has been placed in both the community and world spheres because, while it often takes one concerned individual to bring attention to environmental problems, a group of people working together is almost always required to make an impact.

Placement of the modules or health tasks on the THTM Map of Health Tasks cannot be exact because, strictly speaking, all the health tasks are affected by and affect all six spheres. For example, in addition to teaching relaxation methods and assertive communication techniques, which might fall in the SELF sphere, the module Handling Stress also encourages students to consider community stressors (like overcrowding or noise) and

MODULE POSITIONS ON THE THTM MAP OF HEALTH TASKS



KEY	
HIB	*Health Is Basic*
UGD	*Understanding Growth and Development*
BF	*Being Fit*
EW	*Eating Well*
PHF	*Planning A Healthy Future*
CIF	*Communicating in Families*
PHIF	*Promoting Health in Families*
HF	*Having Friends*
LWF	*Living with Feelings*
PS&O	*Protecting Oneself and Others: Smoking, Drinking, Drugs*
HS	*Handling Stress*
PI	*Preventing Injuries*
IH&SIW	*Improving Health and Safety in the Workplace*
LHR	*Locating Health Resources*
USHR	*Using New Health Research*
ACHE	*Acting to Create a Healthy Environment*

ways to reduce them. The Being Fit module branches out from activities in which students assess their own fitness levels, to ones in which they examine the ways in which their community does or does not encourage fitness by the kinds of facilities it makes available. So, within each module there is a recapitulation of the six spheres. However, in relation to one another, the spheres do vary in the degree to which each is prominent.

The movement from SELF outward to a growing awareness of and concern for others duplicates the movement from adolescent to adult development. As we have said, adolescence is a period in which teenagers move from reliance on their families to increasing autonomy and new relationships with others outside the family circle. As they become aware of the larger world, adolescents try on various moral codes and can enter a period of intense idealism. By providing information about concerns beyond the self and skills for becoming an active health advocate, THTM hopes to tap teenagers' idealism and channel it in health-promoting ways.

On the other hand, and in what seems to be an apparent contradiction, adolescents are often preoccupied with themselves and the changes they are experiencing, so that it may be difficult for them (especially for younger adolescents) to recognize the importance of larger community or environmental issues addressed by the THTM program. In field testing, for example, we have noted that Acting to Create a Healthy Environment has been used less often than other modules in the series, because the link between environmental health and personal health, while vital, is less immediately apparent. Because of the difficulty of the self-to-other concept, we have developed the THTM Map of Health Tasks; we hope you will find ways to continually reinforce the interrelationships among all the spheres and the significance of all of them to health.

Traditional Health Education Content

The THTM Project has reviewed content implications of the major health education philosophical statements, research summaries, and documents such as the 1979 report of the Surgeon General on health promotion and disease prevention, which outlined health goals for Americans. The THTM framework acknowledges these content areas as well as those that have been identified over the years by health educators as crucial components of a secondary health education curriculum. The framework draws upon the most recommended listing, offered by the State School Health Education Task Force in Recommendations for School Health Education: A Handbook for State Policy-makers (Education Commission of the States, March 1981), which identifies the following content areas as minimum elements of a comprehensive school health education program: personal health, mental and emotional health, prevention and control of disease, nutrition, substance use and abuse, accident prevention and safety, community health, consumer health, environmental health, and family life education. The following matrix demonstrates the intersection points between these health education content areas and the THTM health tasks (modules). The Xs indicate which content areas are covered in each module.

MODULE CONTENT

HEALTH TASKS OF ADOLESCENCE AND PROGRAM INTRODUCTION*	*PRIORITY HEALTH CONTENT AREAS***									
	Personal Health	Mental and Emotional Health	Prevention and Control of Disease	Nutrition	Substance Use and Abuse	Accident Prevention and Safety	Community Health	Consumer Health	Environmental Health	Family Life Education
Health Is Basic: An Introduction to THIM	X	X	X	X	X	X	X	X	X	X
Understanding Growth and Development	X	X	X	X	X					X
Being Fit	X	X		X						
Eating Well	X	X	X	X				X		
Communicating in Families	X	X								X
Promoting Health in Families	X	X	X		X					X
Having Friends	X	X			X					
Living with Feelings	X	X			X	X				X
Handling Stress	X	X	X		X	X				
Protecting Oneself and Others	X	X			X	X				
Preventing Injuries	X	X				X				
Improving Health and Safety in the Workplace	X	X	X			X	X			
Locating Health Resources	X	X	X	X	X	X	X	X	X	X
Using New Health Research	X	X	X	X	X	X		X		
Acting to Create a Healthy Environment	X	X	X				X		X	
Planning A Healthy Future	X	X	X	X	X	X	X	X	X	X

*Understanding sexuality is a key health task of adolescence. It does not appear on this list because it is not being developed as a student module. Instead, the module, Sex Education: Deciding What's Right for Your Community, will be a manual for educators and parents to help them decide what approaches and materials on sexuality are appropriate for their community.

**State School Health Education Task Force. Recommendations for School Health Education: A Handbook for State Policy Makers. (Education Commission of the States, March 1981)

Essential Health Skills

And finally, what skills are essential for adolescents to develop in order to accomplish these health tasks of adolescence? The THTM Program focuses on five health skills:

Self-Assessment: The ability to look at one's own health beliefs, knowledge, skills, attitudes, and behaviors and make a judgment about where one is in relation to where one would like to be.

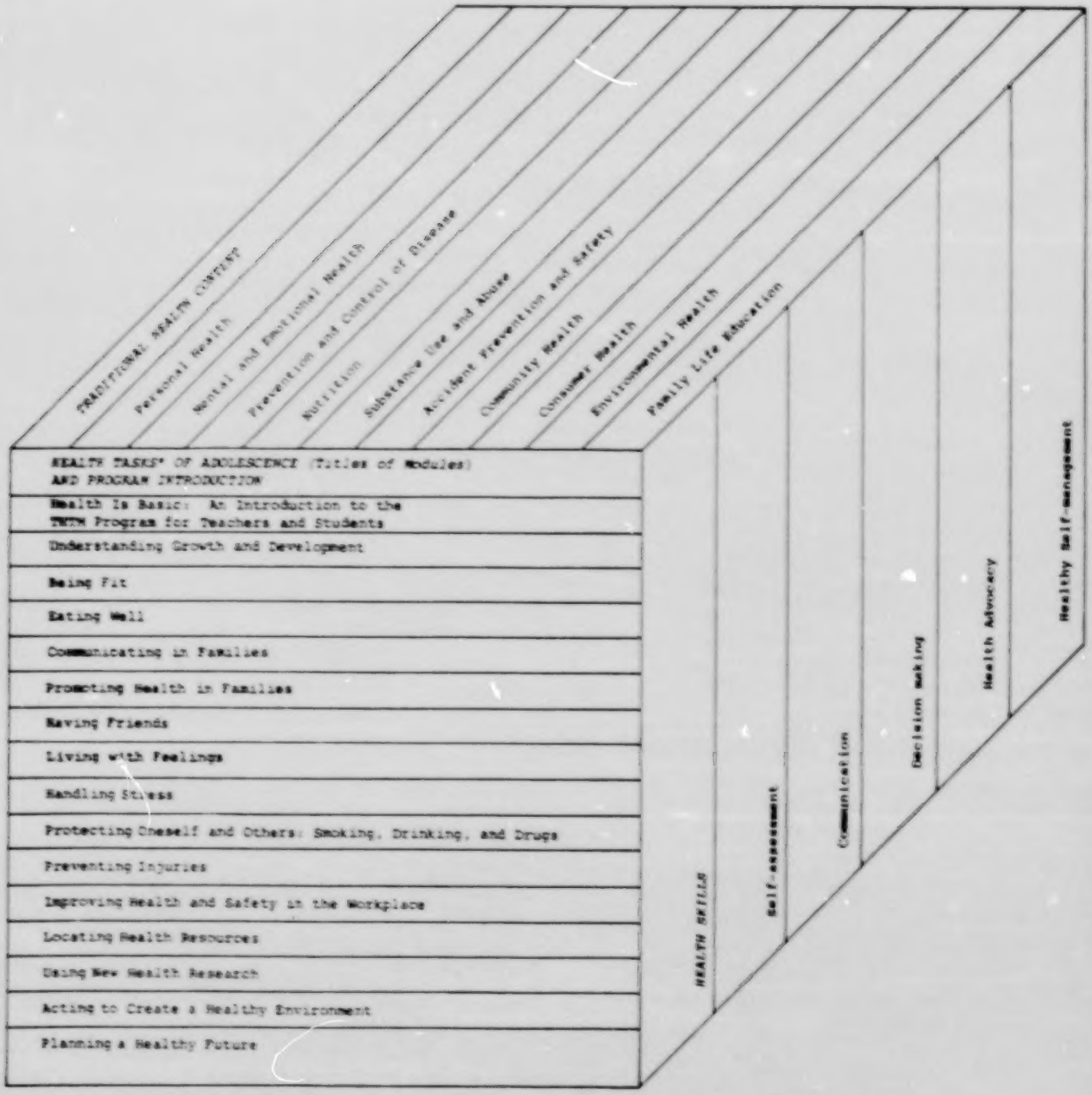
Communication: The ability to interact with others, read and listen with understanding, articulate health needs, and express caring concern for the health and well-being of self and others.

Decision Making: The ability to identify the choice to be made, consider alternatives, assess health consequences of each alternative for oneself and others, choose one's course of action, act with conviction, and evaluate the real outcomes of the decision.

Health Advocacy: The ability to act, even in the smallest significant ways, to enhance the health and well-being of people in one's family, school, workplace, community, state, nation, and world.

Healthy Self-Management: The ability to make situational and lifestyle behavior choices and plans over time that collectively result in the maintenance and enhancement of one's physical, emotional, social, and environmental health.

THE THTM PROGRAM FRAMEWORK



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THTM Program Goals and Module Descriptions

The overall goal of the THTM Program is to provide adolescents with the knowledge, skills, and understandings that will enable them to complete their developmental tasks in ways that are health-enhancing--both with respect to their immediate health needs and the long-term consequences of behaviors they initiate during this period. More specifically, the THTM Program aims to:

- Excite students' interest in health issues and enable them to see relationships between behavior and health.
- Help students develop a heightened sense of personal and social responsibility for health decision making and provide them with the skills to take effective actions.
- Help students understand the physical, social, and emotional factors that influence the health-related decisions they will face.
- Provide students with the information and skills to work toward improving health and well-being for themselves, their families, and their communities.
- Help students recognize that in addition to individual lifestyle choices, there are broader social, cultural, economic, and environmental factors that affect health and well-being.
- Help students recognize that health decisions affect and are affected by at least six interrelated contexts: self, family, friends, workplace, community, and world.
- Help students distinguish between those actions they can take on their own and those for which they will need the support and help of other people.
- Encourage students to help one another in the adoption of health-enhancing behaviors and to seek additional support, when necessary, from friends, family, other important adults, and professional caregivers.

A brief description of each module follows. Unless otherwise noted, modules have been developed for grades 7 through 12, with specific grade assignments left to the discretion of the teacher.

Health Is Basic: An Introduction to the THTM Program for Teachers and Students

This module is divided in two parts. You are now reading Part One, which provides an orientation to the THTM Program for teachers. Part Two includes instructions for conducting activities to introduce the program to your students. Regardless of the modules you plan to teach, we highly recommend that you begin with the introductory activities outlined in Part Two of this guide. They introduce students to the THTM Map of Health Tasks, which is important for establishing student awareness of the six interrelated health contexts: self, family, friends, workplace, community, and world. Students also develop a definition of health, are introduced to the concept of health decisions, and briefly explore the content covered by each of the THTM modules. If you are free to involve students in the choice of modules you will teach, you may use the first activity to help them generate their own module priorities.

Understanding Growth and Development

Geared primarily to grades 7, 8, and 9, this module focuses on the physical, social, emotional, and mental changes teenagers experience at puberty. It encourages respect for individual variation in growth and development and promotes the concept of self-acceptance as well as tolerance of differences in others.

Being Fit

This module informs students about the many physical and psychological benefits of being fit. It assures them that everyone, regardless of athletic ability, can and should attain an optimal level of cardiovascular fitness. Students determine their own individual fitness levels, learn basic concepts of aerobic fitness, target zone pulse rates, and study injury prevention. They plan a realistic exercise program and identify community resources that encourage fitness.

Eating Well

This module, targeted to grades 9 through 12, explains the relationship between diet and health. Students are presented with information based on the American Dietary Guidelines and explore the variety of factors that influence their eating decisions, so that they can begin to make more conscious decisions about their eating patterns.

Communicating in Families

Because the rapid changes experienced at puberty may put extra burdens on the family, this module, targeted to students in grades 7, 8, and 9,

provides students with practice in skills to improve their ability to communicate with their parents. It helps young people understand that they are in a dynamic period of change and that these changes should be acknowledged, talked over, and appreciated.

Promoting Health in Families

In this module, targeted to grades 9 through 12, students learn about the health needs and concerns of family members at various points in the life cycle, in order to improve their ability to contribute to their current family's health and in preparation for the time when they will become parents themselves. At least one lesson is devoted to each of the following topics: common health concerns of adolescents; prenatal health practices; protecting children from accidents and practicing good pediatric health maintenance, including guidelines for baby-sitters; health risks at midlife; and ways to promote the general health and well-being of older people.

Having Friends

This module is premised on the twin assumptions that one's overall sense of well-being and social health, during both adolescence and adulthood, is greatly influenced by the kinds of friendships one develops, and that beginning in adolescence and continuing throughout our lives, friends and acquaintances influence specific health choices. The module, therefore, provides students with the skills to develop and maintain friendships, to deal with loneliness and shyness, and to become aware of the qualities they most admire in friends. It also encourages students to consider the ways in which they can promote healthful decisions among their friends and to refuse to tolerate behavior in others that is detrimental to health. The module tries to build on and establish healthy group norms by encouraging the responsible majority to welcome and support one another in the adoption of healthful behaviors.

Living with Feelings

This module helps students understand that feelings are a natural part of our lives and encourages them to recognize that understanding one's feelings can contribute to a sense of well-being, self-acceptance, and an ability to work and live well with others. It reinforces the theme that family and friends can help with troubled feelings and lets students practice listening and communication skills for helping others express their feelings.

Handling Stress

This module, targeted to grades 9 through 12, helps students understand that stress can be both a positive and a negative force--a source of both energy and discomfort. By providing information on relaxation techniques, practice in assertive communication skills, and information on the role that perception plays in mediating stress, it presents students with ways to deal with stress effectively. In addition to focusing on personal coping skills, the

module includes activities in which students work to alleviate the causes of undesirable stress in the school, community, and larger environment.

Protecting Oneself and Others: Smoking, Drinking, and Drugs

This module alerts students to the health consequences of smoking cigarettes, drinking alcohol, and using other drugs, and prepares them to make responsible decisions about the use or nonuse of these substances. In true-to-life situations, students practice decision-making skills in which they are confronted with a series of dilemmas that require them to make difficult but realistic choices. Risk taking is also explored and students are helped to distinguish between risks that contribute positively to healthy development and those that are excessive and life-threatening.

Preventing Injuries

In this module, students discover that injuries don't just happen, but that they are usually the result of a predictable series of events. They learn what the major risks are to people their age and how they can reduce the likelihood of suffering from them.

Improving Health and Safety in the Workplace

This module encourages students in grades 9 through 12, who are or soon will be getting first jobs or making long-term career plans, to consider the occupational hazards associated with work in their job choice and to develop a lifetime interest in occupational health and safety. The module highlights key occupational health and safety issues, encourages students to examine how personal attitudes may affect one's willingness to take precautions, and involves students in hypothetical situations where they encourage coworkers to adopt health and safety precautions. In one major activity, students investigate the safety and health risks of an occupation of their choice and then report on what they have learned. They are encouraged to generalize from this fact-finding mission about how to find reliable information for any profession or industry they may wish to investigate in the future.

Locating Health Resources

Primarily for grades 9 through 12, this module guides students in learning about the variety of health care resources (curative and preventive) available in their local communities. They are encouraged to develop good preventive health measures on their own, to seek additional help when necessary, and to know how to talk with health care providers. They also learn about the value of health insurance and its applicability to their future.

Using New Health Research

The premise of this module, which targets grades 9 through 12, is that adolescents, and adults as well, can benefit from health research if they

can learn how to evaluate and then incorporate the information into their personal health decisions. Students learn how various types of health research are conducted, what is realistic to expect from these studies, how to critically evaluate health research media reports, and where to locate additional information to augment information from health news reports.

Acting to Create a Healthy Environment

Developed for grades 9 through 12, this module demonstrates that pollution of our natural resources has severe human health consequences, and encourages students to take an active part in protecting our environment. After an exploration of the relationship between air and water quality and human health, students plan a series of activities in which they learn about air and water quality in their own community and report back their findings to the rest of the group. In other activities, students explore a variety of national and international water and air pollution case studies and identify conservation measures they can incorporate in their own lives.

Planning a Healthy Future

This module encourages students to think about their future health and well-being. It emphasizes that actions in the present have consequences for the future, and involves students in planning now to make the most of their opportunities for leading a healthy, full life.

Other Program Characteristics

The sixteen THTM modules are designed as short framing units that teachers can use either together as the basis for an introductory survey course on health, or individually as supplements or introductions to an existing curriculum. Each module is a complete teaching package, including a teacher guide with some pages designed to be duplicated for student handouts. In addition, most modules have other components, such as study prints, games, posters, checklists, information cards, or student booklets.

The Concept of Framing Modules

As the result of a year-long health materials review process, the THTM project recognized that there were many excellent discrete programs, audio-visual pieces, and other materials created by or available to health educators. The national needs assessment, which paralleled the material review in Phase I of the project, revealed that there was a recognized need for a way of simply organizing secondary health curricula into a framework that would assist teachers in programming many of the fine existing materials into a comprehensive health education program. In response to these perceptions of the field, the idea of creating a series of framing modules was born.

A framing module is designed to be brief (i.e., 5 to 15 class periods) and introductory (i.e., providing an overview rather than an in-depth look at the topic). Each framing module can stand alone as a reasonably thorough introduction to a health task, or, if time permits, it can be a jumping-off place for the incorporation of other favorite health lessons, materials, or in-depth studies. For example, the module Locating Health Resources might prompt a class to prepare an informational packet on community health services for other students in the school. Preventing Injuries is a natural introduction to a first aid unit published by the Red Cross. Protecting Oneself and Others is a useful frame for more intensive units on alcohol or drug use/abuse. Similar integration of existing health education programs is encouraged in all modules.

Module Sequencing

The suggested sequence of the modules is based on a typical adolescent developmental sequence and upon a self-family-friends-workplace-community-larger world progression. This introductory module sets forth the concept of healthy physical, mental, emotional, and social growth and development;

the summary module, Planning a Healthy Future, serves to help students tie together these basic strands with the benefit of the new health knowledge, skills, and attitudes that each of the intervening modules has framed and explored.

There is also some progression in the skill development in the modules as sequenced. Earlier modules focus more on self-assessment and communication; later modules, especially Acting to Create a Healthy Environment, stress health advocacy; and each module has elements of decision-making and healthy self-management skills, which move from the simple to the more complex.

Although there is a recommended sequence for the modules, teachers may in fact use them in any order. Some modules may be particularly appropriate supplements to an existing local health education curriculum guide that has organized the health topics and tasks in a different way. Or, a home economics teacher may place Promoting Health in Families in her course in family living, while the social studies teacher uses only Improving Health and Safety in the Workplace in a longer unit on career decision making.

Grade-Level Placement

Most modules are suitable for use at either the middle school/junior high or the senior high level; a few are especially recommended for one group or the other. By presenting them as a series with recommended but not required age levels, teachers can judge for themselves which modules are most appropriate for their students. Most of the modules, with some modifications, can be used by students with reading difficulties.

Hours of Instruction

Each module provides from 5 to 15 teaching sessions, with some optional sessions provided. If all modules were taught, the total would be between 115 and 124 teaching periods, although the flexible nature of many of the lessons makes this difficult to estimate exactly. Teacher discretion might extend a 7-session module over three weeks; or, conversely, a 15-minute session module might be telescoped into 10 classroom hours.

Placement in the Curriculum

Although written with the health educator in mind, the modules may be used by teachers of science, home economics, social studies, language arts, or physical education, or as part of a program for adolescents conducted by the school nurse or physician. The existence of local curriculum priorities, team-teaching approaches, or teacher interest will probably be deciding factors in many schools or districts.

Interdisciplinary Approach

The modules do not focus on physical health or disease prevention alone--even the most physiological of the units infuses mental, emotional, social,

and environmental health perspectives as well. The program draws upon insights, information, and processes from a variety of health-related disciplines: medicine, anthropology, sociology, psychology, behavioral science, chemistry, history, epidemiology, economics, philosophy, and physical education.

The Health Promotion Philosophy of the Program:

Some Underlying Assumptions

The following assumptions form the foundation of the THTM curriculum and will be found woven throughout the modules. The assumptions represent the basic themes central to a health promotion philosophy. Most personal health decisions reflect, influence, and are limited by group norms and societal behavior; therefore these assumptions have to do with how we perceive, respond to, and relate to ourselves, one another, and our communities. They are seen as health beliefs that would optimally underlie various personal health decisions concerning such behaviors as diet, exercise, substance use, stress management, and so on. They are:

- Health can make an important contribution to a happy and rewarding life. We believe the old saying, "You can do anything as long as you have your health," but we usually take our health for granted until we start to lose it. It is especially hard for young people to imagine not being able to exert themselves with ease and enthusiasm. To feel that nothing is more important than good health is not to lead a life of constant discipline and denial of pleasure. It is, however, to appreciate health as a key to happiness and therefore to take steps to preserve it. It implies respect for the complex machine that is the human body, and belief in the maxim that "an ounce of prevention is worth a pound of cure."

- The challenge of trying something new and the joy of discovery are as important to our health as is a sensible respect for danger. Health is not only discipline or denying pleasure; concern about health should not make life less joyful or rewarding. Making healthy choices can actually feel good!

- Physical, mental, emotional, and social health are always interrelated. We know that prolonged stress can take its toll physically in the onset of disease, and that physical disabilities can strain us emotionally. We have recently learned experimentally what the ancients long recognized: that exercise is good for mood and mind, and that isolation from friends and community often leads to loss of health. When we make health choices or encourage or discourage the choices of others, we need to have a broad concept of health in mind precisely because we are complex organisms.

- Everything we do or don't do is a statement of who we are. We express ourselves, our values, our intentions and our beliefs, through behavior. Whenever we choose not to do something, that too is a decision reflecting who we are. Saying or doing nothing is as much a statement as saying or doing something. Decision making is central to our ability to act in health-enhancing ways, but we will never become good decision makers until we recognize that everything we do--or do not do--counts.

- It is essential to distinguish between what we can change and what we cannot. Some people set their goals too high and set out to do the impossible; they always feel like failures. Others never imagine that they can set a goal and accomplish it; they think everything "just happens." People who learn to differentiate between the things they can do something about and the things they have to accept as being out of their control do not simply make better health decisions, but also live happier lives. The child of an alcoholic, for example, can't stop the parent from drinking, but can learn to live a happy and healthy life in spite of it.

- The aim of self-awareness is acceptance, not self-consciousness. Nobody is perfect. The better we understand ourselves, the more likely we are to change some of the things we don't like about ourselves, accept the others, and respect ourselves for our strong points. Everyone has wants, needs, fears, and other feelings. When we know what we are feeling we can set about to get what we need, or be content with what we have. But we can also get so wrapped up in ourselves that we lose perspective. Everybody has problems and ours are probably not the worst in the world. And things never stay the same, anyway. We can be honest with ourselves, and like ourselves, without magnifying either our importance or our problems.

- It is important to acknowledge and accept differences. Once we can accept ourselves, we have an easier time accepting and valuing differences in others. Health decisions are closely related to lifestyle choices, personal values, family traditions, religious and ethical belief systems, economic considerations, geography, and a host of other variables. In our pluralistic society, respect for difference is essential to personal mental health and to the social health of our body politic.

- There are some differences that are not healthy or respectable to tolerate. It is important to respect differences among individuals and groups, but it is equally important not to tolerate behaviors that are self-destructive or that risk other people's health. Under the banner of "do your own thing," many people abdicate responsibility. If a friend is doing something we think is risky or downright dangerous, we owe it to ourselves and to the friend to show concern or disapproval. If the situation warrants, it's important to intervene on his or her behalf.

- Each of us can make a difference. Each of us, in the habits we incorporate into our daily lives, in the ways in which we interact with others, and in the contributions we choose to make to our community, can affect our own and others' health and well-being. Change happens when

people who care take steps to put their intentions into action. By our personal health decisions and our responses to the health decisions of others, we can help to shape a healthy future for ourselves and others for whom we care.

- Our family and friends are our primary health supporters. And we are their primary health supporters, too. We all affect and influence one another. By showing care and concern we can help see a friend or relative through a difficult time. By expecting such help from relatives and friends we encourage them to provide it. On the other hand, silence, apathy, or put-downs come from the kind of friends we don't really need.

- It is important to recognize the fundamental social, cultural, and economic factors that affect health. We are better able to act constructively when we are aware of the ways in which social network systems, housing conditions, patterns of schooling, work and recreation, religion and ritual, economics, industry, legislation, and availability of health and social services affect people's health and well-being.

- There are some things we can do individually and some things we need to work on together. Some health risks can be reduced simply by incorporating particular habits into our daily lives. Risk of cardiovascular disease, for example, can be reduced by not smoking, cutting down on salt, and getting exercise. But other health threats, such as air and water pollution, food additives, and noise, require that people work together to change the conditions that create the problems. Such efforts may cause controversy, because different people have different perceptions about what should be done. But the negotiation of controversy, in itself, is a healthy dynamic in our culture.

- It is important to respect both our need for privacy and our need for a sense of community and continuity. Many of the problems we face at different times in our lives would be easier to deal with if pride or privacy didn't keep us from asking for help. Often asking for or giving help is the surest sign of health.

- Science and research contribute to our understanding of health. It is easy to become overwhelmed by the barrage of research reports, often conflicting and usually confusing, which the media hurl at us daily. In the midst of this confusion, people sometimes throw their hands up in the air, conclude that everything is bad for us, and decide to ignore all future pronouncements. But research does make important contributions. The catch is to learn how to sift the reliable studies from those that are not and to read research reports in a critical way.

The chart that follows outlines the underlying assumptions emphasized in each module, the suggested number of class periods, and the recommended grade levels for its use.

THE TEENAGE HEALTH TEACHING MODULES AND PROGRAM INTRODUCTION

MODULE NAME	UNDERLYING ASSUMPTIONS EMPHASIZED	CLASS PERIODS	RECOMMENDED GRADE LEVELS
Health Is Basic: An Introduction to the THTM Program for Teachers and Students	Each of us can make a difference. Physical, mental, emotional, and social health are always interrelated. Health is the first prerequisite for a happy and rewarding life.	4	7-12
Understanding Growth and Development	Physical, mental, emotional, and social health are always interrelated. It is important to acknowledge and accept differences. It is essential to distinguish between what we can change and what we cannot. The aim of self-awareness is acceptance, not self-consciousness. Science and research contribute to our understanding of health.	6	7, 8, 9, and possibly 10 at user's discretion
Being Fit	Each of us can make a difference. The challenge of trying something new and the joy of discovery are as important as is a sensible respect for danger. Health is the first prerequisite for a happy and rewarding life. Physical, mental, emotional, and social health are always interrelated. Everything we do or do not do is a statement of who we are.	7	7-12

MODULE NAME	UNDERLYING ASSUMPTIONS EMPHASIZED	CLASS PERIODS	RECOMMENDED GRADE LEVELS
Eating Well	Science and research contribute to our understanding of health. It is important to respect both our need for privacy and our need for a sense of community and continuity. Health is the first prerequisite for a happy and rewarding life. It is important to acknowledge and accept differences.	7 (8 with optional activity)	9-12
Communicating in Families	Our family and friends are our primary health supporters. It is essential to distinguish between what we can change and what we cannot. It is important to acknowledge and accept differences. It is important to respect both our need for privacy and our need for a sense of community and continuity.	7	7-9
Promoting Health in Families	Our family and friends are our primary health supporters. There are some things we can do individually and some things we need to work on together. It is important to respect both our need for privacy and our need for a sense of community and continuity.	5	9-12

MODULE NAME	UNDERLYING ASSUMPTIONS EMPHASIZED	CLASS PERIODS	RECOMMENDED GRADE LEVELS
Having Friends	It is important to acknowledge and accept differences. It is important to respect both our need for privacy and our need for a sense of community and continuity. There are some differences that are not healthy or respectable to tolerate. Our family and friends are our primary health supporters. Everything we do or do not do is a statement of who we are.	15-20	7-12
Living with Feelings	The aim of self-awareness is acceptance, not self-consciousness. It is essential to distinguish between what we can change and what we cannot. It is important to respect both our need for privacy and our need for a sense of community and continuity.	10	7-12
Handling Stress	Physical, mental, emotional, and social health are always interrelated. There are some things we can do individually and some things we need to work on together. Each of us can make a difference. Our family and friends are our primary health supporters.	8	9-12

MODULE NAME	UNDERLYING ASSUMPTIONS EMPHASIZED	CLASS PERIODS	RECOMMENDED GRADE LEVELS
Protecting Oneself and Others: Smoking, Drinking, and Drugs	There are some differences that are not healthy or respectable to tolerate. The aim of self-awareness is acceptance, not self-consciousness. Science and research contribute to our understanding of health. It is important to respect both our need for privacy and our need for a sense of community and continuity.	13-15	7-12
Preventing Injuries	Each of us can make a difference. It is essential to distinguish between what we can change and what we cannot.	7	7-12
Improving Health and Safety in the Workplace	Health is an important prerequisite for a happy and rewarding life. Everything we do or do not do is a statement of who we are. It is essential to distinguish between what we can change and what we cannot. It is important to recognize the fundamental social, cultural, and economic factors that affect health. There are some things we can do individually and some things we need to work on together.	5-6	9-12

MODULE NAME	UNDERLYING ASSUMPTIONS EMPHASIZED	CLASS PERIODS	RECOMMENDED GRADE LEVELS
Locating Health Resources	Science and research contribute to our understanding of health. It is important to respect both our need for privacy and our need for a sense of community and continuity.	7	9-12
Using New Health Research	Science and research contribute to our understanding of health. Each of us can make a difference.	10	9-12
Acting to Create a Healthy Environment	Each of us can make a difference. There are some things we can do individually and some things we need to work on together. Health is the first prerequisite for a happy and rewarding life. Everything we do or do not do is a statement of who we are. Science and research contribute to our understanding of health.	7	9-12
Planning a Healthy Future	Summary of all assumptions.	3	7-12
	TOTAL	120-128	

Teaching Strategies Employed

A variety of pedagogical techniques and instructional methods is used in the modules to engage students and provide opportunities for active learning. An essential ingredient in the success of any technique is the teacher's confidence. If the teacher believes students can work well in small groups or learn from performing and discussing a role play, that belief is communicated to students and is usually self-fulfilling.

Of course, every teacher has certain favorite teaching strategies with which he or she already feels comfortable and effective. But expanding one's teaching repertoire is refreshing, and it serves to provide both teacher and students with a nice admixture of the familiar with welcome changes of pace. As new teaching behaviors are tried, teachers' richest resources are other teachers. Most are more than happy to think through a new method with a colleague, provide assistance on the spot, or debrief afterward.

The teaching suggestions that follow are designed both to reinforce existing instructional competence and to provide some background and support for trying new methods. It is recommended that teachers familiarize themselves with a module they want to teach, then refer to the specific suggestions for creative use of "mini-lecture" or "study prints" or "future planning activities" as they prepare. All the strategies used in the THTM Program are not mentioned here, but the following instructional approaches are all used in at least one module, and most appear in several:

- Mini-Lecture
- Class Discussion
- Brainstorming
- Role Playing
- Small-Group Work
- Student Self-Directed Activities
- Guest Experts
- Case Studies

- Poster Activities
- Study Prints
- Self-Assessment Instruments
- Health Action Plans
- Family Communication Activities
- Community Involvement Activities
- Future-Planning Activities

Brief suggestions and classroom management tips for each instructional approach are included here.

Mini-Lecture

The mini-lecture strategy is a concise way to provide students with background information, research findings, and/or motivational examples that will pique their interest and give them a framework for the discussion or activity to follow. Its great strength lies in its brevity.

The information presented in a mini-lecture format in the modules can be used in several different ways, depending on teacher preference. It can form the basis for a personalized version of the mini-lecture, enlivened and enriched by the teacher's own insights, updated information, or vignettes that would have special meaning for students. (The wide margins in the teacher's guide can be used to make personalizing notes.)

One teacher might choose to read or tape the mini-lecture as written. Another might duplicate it to give to students as a reading. However the content is shared with students, the teacher should be sure to keep in mind the "mini" concept: brief, targeted input that sets up an activity or discussion. Note the suggested times.

Class Discussion

A successful health class provides opportunities for students to learn from one another, to practice using one another as resources in considering problems. Group discussion is one important means of providing an opportunity for this type of exchange to take place. Often "discussions" consist of the teacher simply asking students to respond to particular questions. This student-teacher dialogue, though sometimes useful, is extremely limited. As a format it results in fragments rather than a growing conversation, empty phrases rather than thoughtful reactions that build on shared experiences and feelings.

A true discussion, as opposed to a one-to-one exchange, occurs when a group of people share experiences, define personal meanings, debate ideas and

theories, discuss personal memories, and work together on common problems. The conversation should engage many students, who add to one another's comments, contribute a variety of viewpoints, and act as resources and catalysts for each other's thinking.

Some of the following tips to the teacher may help enhance the quality of health class discussions:

- Determine the goal of the discussion and make sure it is clear to students.

- Do not allow yourself to become the only significant listener. Keep the conversation flowing. If students direct their comments or questions to you, direct them to other group members. Ask, "Do you agree?" or "What's your reaction to that?" to get them talking to one another, and not simply to you.

- Look at other students in the class, not just the speaker; this gesture signals that other listeners besides yourself are included in the conversation.

- Participate in group activities now and then, not as a "teacher" but as another learner. Share your responses and feelings occasionally. (Be careful not to dominate or make students feel that your opinions are the only ones that count, or the discussion may freeze.)

- Wait for students to respond, even when it seems to take a long time. Don't leap to fill silences; often they are critical thinking moments. Intervene only when you think it is absolutely necessary to:

  - clarify or request clarification. (You can train students to do this, too: "Did you understand that? Well, ask Jim to explain it, then.")

  - point out alternatives that the group has not yet considered

  - suggest (or ask a student to suggest) ways of using the information

  - point out inconsistencies or contradictions in views expressed that the group may not be aware of. (Do not stop the flow with a niggling point of information, however; use sensitivity and good timing.)

- Keep track of how the discussion is going. When necessary, remind students of the task at hand; ask for support or disagree with points made; and elicit comments from "quiet" participants by saying, "I wonder if you'd like to add to that?"

- Beware of giving "double messages." Sometimes teachers say one thing, but communicate another. For instance, a teacher may urge students to respond directly to each other, but his or her stance and eye movements may in fact be communicating the expectation that they channel their responses through him or her.

Sometimes discussions are monopolized by one student. The talker gives all the answers, shares all of his or her experiences, and consistently prevents others from expressing their opinions. The talker either overwhelms the group with words or bores them to tears.

In some cases talkers have valuable insights to add to the group's pool of knowledge; in other cases their remarks are merely time-consuming and irrelevant. Talkers are especially irritating during discussions that are intended to involve many students in lively exchanges of information and opinion.

To prevent one student from monopolizing the group's time, several techniques might be tried:

- At the beginning of the course, establish wide participation as a goal. As teacher, reserve the right to interrupt to allow others to talk, reminding all students of the goal.
- Don't make eye contact with a talker. Instead, look to a different student when you ask a question.
- Use very small groups to limit a talker's audience. Other students will have the opportunity to talk within their small groups.
- Tell the talker directly but privately that you are uncomfortable about his or her monopoly of the class discussion. You might begin by saying, "You know, I'm concerned others aren't getting the chance to speak." Explain that you want others to have the opportunity, and ask the talker to exercise some restraint.
- Ask the talker to lead a specific discussion or to be responsible for one specific topic with which he or she is very familiar.

Class discussions should always be connected in students' minds to preceding and ensuing class activities. Students should be helped to see the links and understand that their give-and-take about a health topic is a very important part of their personal information processing, skill development, and attitude formation--all of which contribute to their predisposition to behave in certain ways rather than others when faced with a health choice.

Brainstorming

Brainstorming is a technique for generating and recording ideas quickly. When conducted properly, it enables students to respond creatively, without fear of being judged. It stimulates fresh ideas for consideration and helps students break loose from fixed ways of responding to situations or problems.

Brainstorming also helps to vary the pace of a class. It involves everyone (especially those who have trouble speaking up with their own ideas) and is

particularly effective as a way of getting discussion started. Brainstorming is frequently appropriate in considering why a particular event might have occurred, alternative responses to a particular problem or situation, or a variety of ways of carrying out ideas or solutions.

Basically, the technique is very simple: State the issue or question, and ask for ideas. Record ideas where everyone can see them. Afterward, go back and consider the listing.

It's a good idea to review the do's and don'ts of brainstorming with a class prior to doing it--at least until the process is second nature to them. These include the following:

- Remember that the point is to get as many ideas out and recorded as possible.
- Say anything that comes to mind. Any idea can help generate others.
- Don't evaluate ideas (as either good or bad).
- Don't discuss suggestions. (The goal is to collect as many as possible.)
- Allow repetition.
- Building on other ideas is fine.
- It is all right to have periods of silence. Often this means that people are thinking and will have new ideas to offer momentarily.

After all the ideas, explanations, issues, hypotheses, or whatever have been listed, review, analysis, categorization, and/or evaluation of them can begin.

Brainstorming is one of those instructional strategies that can have tremendously positive psychological value for a class, as well as intrinsic worth. Most groups of students (or adults, for that matter) come together with a wealth of existing insights, experiences, information, and creative ideas about a given topic or issue. This strategy usually results in students' acknowledgement of that fact, and elicits some degree of pride in "our class" and the rich diversity of inputs they can generate as a group.

Role Playing

Role playing is a method of acting out an imaginary situation. The situation is described to the role player, who then enacts the role according to how he or she thinks it would feel to be in that situation. Experience with similar situations is not a prerequisite. Role playing is an excellent strategy to use when the goals are to have students:

- put themselves in another person's place so that they can try to understand the thoughts and feelings the situation evokes in that person

- try out new ways of behaving to see if they bring the results they intend, or just see how the behaviors actually feel
- learn how others react to various attitudes and behaviors in a practice situation
- take risks with new ways of behaving in a safe situation, without fear of failure or real negative consequence.

The method is as follows:

1. Describe the situation carefully but briefly.
2. Select the role players or ask for volunteers.
3. Give the role players and observers their instructions. Be sure they understand concretely the basics of the scene: who, what, where, when.
4. Start the action.
5. End it when the situation becomes stalemated or repetitive, which often happens before the situation is resolved.
6. Discuss:
   - What happened?
   - Why did it turn out the way it did?
   - Do you like the way it turned out?
   - Who would have to do what to make it turn out differently?

In many cases, it is good to begin the follow-up discussion by first asking the players how they felt in their roles. This gives them a chance to say what it was like for them, and to comment on their own performance before they have to hear others' comments. (It also tends to temper the comments of classmates.) Then ask the rest of the class what they observed.

Students who have not role played before may feel reluctant to try, particularly in the beginning. There are several ways of getting them started:

1. The teacher and a volunteer from the class could do the first role play, asking the rest of the group to observe.
2. Give the players a little quiet time to prepare their roles, with some support from the teacher.
3. Ask the volunteer to pick a friend or two with whom to prepare, thus making the role play the group's rather than the individual's responsibility.

4. Have the whole class pair off (or group) and all role play the situation at the same time, just among themselves with no observers. Then discuss as a total class.

5. Provide time to gather or make simple props. A paper hat or bow tie can do wonders. A simple sign pinned on a person (Mr. O'Dell, Undertaker) can free the person to get out of himself and "be" the role.

6. Stress the importance of staying in role until the role play is over. ("The only way you can giggle is as the character, not yourself!")

7. Praise all efforts. Emphasize how important it is to be able to experience, as a class, an almost-real-life situation from which everyone can grow and learn.

Small-Group Work

When a group is small enough, every student gets a chance to speak, to share personal views, and to develop the skill of working with others. Students can get to know each other better and are more likely to consider how another person's way of thinking about a question or experience might help them to think or understand.

The most important factor in the success of small-group work is being very clear about the purpose and the amount of time set aside for it. It is also very important to let students know that their opinions are respected and that work in small groups is a way to let them discuss their opinions more often.

There are many ways to form groups. Randomly counting off (e.g., 1, 2, 3, to form three groups) or grouping students who are near each other are simple ways. Sometimes it's fun to mix up in other ways: brown eyes/blue eyes, astrological signs, months of birth, or whatever. Occasionally ability grouping may make sense in a health class, but as a rule, heterogeneous groups are more appropriate.

Make sure that chairs are grouped so that the members of each group can hear one another easily without being distracted by others in the room.

Consider assigning or asking the group to appoint a recorder, who can take quick notes and report the discussion back to the larger group.

The teacher should be available to give help and may want to listen in on each group's discussion for a while, but it is often a good idea to give the groups a chance to work on their own--demonstrating confidence in their ability to function independently.

Near the end of the session, remind students how much time they have left and what they are supposed to be accomplishing.

Afterward, recorders can report on the discussions to the whole group. Other members of the group should feel free to add to the recorder's report. Try to encourage discussion and questions. Each group might report one or two of its best ideas. Or perhaps it would be useful to post written reports of groups conclusions in lieu of having oral ones. Sometimes the unique experience of each group is completely sufficient and no summary of each one is required. A restatement of the purpose of the small-group work is all that is needed for good closure.

There are many benefits to using small groups in the health class, even if the resulting noise level is higher than usual. Your expectations that good interaction will take place and your indication that their communication with one another about the issue at hand is very important to you can go a long way toward making the small-group activities in your classroom successful.

Student Self-Directed Activities

Some activities require that students follow rather complex directions, either individually or in small groups. If students are motivated by the content or the prospect of a game, most will listen carefully to the instructions. It is probably best to get into the habit of giving the overall directions only once, since students will be more likely to listen so as not to miss something important. Detailed instructions should be broken down into discrete and manageable steps, and examples are crucial. When students are working in groups, they can be encouraged to help clarify instructions for each other.

Some struggle is to be expected as students learn to be increasingly self-directed learners, but watch for signs that the frustration level is pushing students over the edge. Sometimes the teacher must intervene, gently directing their attention to the step in the process that will be most helpful in getting them back on the track.

Guest Experts

Outside resource persons can be particularly helpful to the health class. Professionals in health-related fields, people whose daily experience puts them in contact with people who have health problems, or people who work in the community on behalf of health are all excellent candidates for classroom guests. In addition to being able to provide accurate and timely information to help students better understand a health topic, it is good if they also:

- have good rapport with teenagers, understand adolescent development and needs
- represent a community resource of some kind, so students will feel more able to turn to existing local resources for information, treatment, or referral

- are community residents, preferably parents of a student in the class or school

- are good role models for youth, inspiring them to make health-promoting choices.

The teacher's responsibility is to prepare both guest and students for the classroom visit. The guest expert should be fully briefed as to the goals for the day and why and how the class is studying the topic under discussion. Make clear what is expected, and apprise the person of any key information that may be needed or any difficult questions that may come up.

The class should know why the visitor is coming and have a role in the invitation and preparation, if possible. Often students are the best source of names of people who have a special knack for effective communication with young people.

Both speaker and students should be eagerly anticipating the encounter. Afterward, a follow-up thank-you note signed by all students is both a gracious gesture and another synthesizing opportunity for the class as they seek to say in a few words what was most helpful or significant about the visit.

Case Studies

Real-life stories that describe in detail what happened to a community, a family, a school, or an individual are always powerful motivators for thought and discussion. It is important to help students recognize that a case study is not necessarily the way things ought to happen, but is the way things did happen in a given instance. Case studies provide the opportunity to consider the forces which converged to make an individual or group act in one way rather than another, and to consider the consequences in an analytical and evaluative way. This thinking process can be helpful to students as they consider decisions in their own lives.

A major advantage of the case-study approach is that it allows a class to have a common experience for discussion that is not a personal revelation or problem of anyone in the room. They can be free to challenge one another's interpretations or points of view without the discussion becoming personal. They can more comfortably talk about "it" than about themselves as they work through the consequences of health behaviors or advocacy choices in class.

Poster Activities

The use of teaching posters as instructional tools has received new emphasis of late, especially as the cost of audio-visual aids has risen dramatically. Some teachers believe they have unique value in that they (1) are easy to use and later refer back to; (2) lay out relationships between concepts, events, or facts in a way that a text or film cannot, giving the "gestalt," or wholeness, of an idea in graphic form; (3) allow the teacher to focus class attention on particular aspects of an idea without losing the larger

contextual framework; (4) appeal to visual learning styles; and (5) invite students to return again and again over time to review as new data or class experience is assimilated.

Teaching posters usually combine words, photographs, diagrams, or charts into a design that attracts the eye and the mind. They differ from the more common (and also very effective) artistic or conceptual poster, which seeks to convey a single concept in picture or word.

Before using a teaching poster for the first time, the teacher should be familiar with the content, the illustrations, and the purpose as it is visually depicted. It can then become the visual backdrop for a mini-lecture, the subject of a student scavenger hunt based on questions that careful perusal of the poster can answer, or a tool for an introductory framing or culminating summary of a class or unit.

Study Prints

Study prints are enlarged photographs that depict a moment in life. They should be rich enough to elicit a variety of reactions, observations, or hypotheses about what is happening, why it happened, and what might happen next. Study prints serve as excellent tools for encouraging students to read important clues in people or the environment, which might easily be overlooked if they were not paying careful attention or thinking beyond the surface of things.

Obviously study prints are very useful with students who find reading difficult, but they are surprisingly appealing to students at all learning levels and capabilities.

It is recommended that the study prints be "new" to students on the day they are used. They should not be put up on the bulletin board in advance, to set the tone for the unit; they can be posted afterward.

Self-Assessment Instruments

At a number of points in the modules, students will have an opportunity to consider where they stand on a given issue, developmental stage, health practice, or health belief. These self-assessment activities are not to be graded or even shared unless students themselves choose to do so. They provide a way for individuals to reflect privately upon the topic at hand—a necessary first step toward behavioral change or reinforcement.

Health Action Plans

Periodically in the modules, there is a structured attempt to encourage new health behaviors on the part of students. The teacher cannot force students to do anything they don't want to do, but can encourage the conversion of the knowledge, skills, and attitudes stressed in class into behavioral action. An excellent way to do this is to join in the activity, reporting on personal decision making and the success of the plan over time.

After the health action plans have been instituted, and even if the class has moved on to new content, a few minutes should be set aside periodically for reinforcement and reporting. The idea is to underscore the notion that making healthier choices on one's own behalf is not always easy and that people can support one another's efforts. If a student prefers to keep his or her action plan private, that is fine, too. The emphasis should be on helping all students find active ways to maintain and enhance their health and feel good about it.

Family Communication Activities

The family modules in particular, but others as well, include recommended at-home activities designed to foster parent-teen communication and mutual support. Other modules provide informational materials that can be shared at home. Still others suggest ways for adolescents to take a very active role in encouraging positive health practices toward injury and disease prevention and fitness, or in handling conflict in the family.

The teacher must be sensitive to students' comfort with these family-based activities and not press for details of family interaction. In no way are the suggested activities intended to violate family privacy or make a student uncomfortable; the teacher should encourage but not require participation in these activities.

Parent involvement is highly desirable. Inviting them to class, asking them to be guest experts or to sit on a parent panel reacting to one of the module issues or activities is an excellent way to raise health education to a level of increased importance in parents' eyes. Teenage Health Teaching Modules encourage school, community, and home linkage on behalf of adolescent health.

Community Involvement Activities

Several THTM exercises encourage students to investigate the health resources, health issues, and health-related political processes in their communities. Reading local newspapers; interviewing people; attending public hearings on health matters; visiting clinics, health centers, public health offices, hospitals, environmental monitoring agencies, centers for vital statistics, voluntary health agency headquarters, or the like can be extremely valuable experiences in empowering students to know where to go for information, treatment, or referral and to be knowledgeable and effective advocates for health. A primary goal of a health education program should be to make students capable of locating health resources when they, their families, or their friends need them.

Sometimes a community is debating an especially hot issue, like whether a hazardous waste storage facility or nuclear power plant will be located there, or what to do about an outbreak of gonorrhea or Legionnaire's disease. Legitimate community controversy can be especially powerful as learning content, but teachers must handle these kinds of issues with care. Some tips for capitalizing on real community issues are:

- be sure all sides are fairly represented in your classroom
- stress the educational purposes of teaching skills of problem identification, data gathering, issue analysis, decision making, and health advocacy
- keep a personal position on the issue from unduly limiting or influencing the consideration of alternatives
- enlist the support of the school administration and colleagues before embarking on any community-based activity
- teach students how to express their opinions and beliefs as individuals through the proper channels, thereby making the community health decision-making processes more effective and representative of all citizens, including youth.

Future-Planning Activities

One of the most difficult things for teenagers to do is to plan ahead. Faced with so many immediate choices at this time of their lives--about education, work, family, relationships, leisure pursuits, etc.--it is easy to appreciate why adolescents may think little about the future and live only for today or Saturday night. They have to be actively encouraged to take a life cycle perspective and to see the significance of their current decisions over the long term.

Several activities in the THTW modules ask students to think about themselves over time, identify some dreams and goals, and consider the health-related choices they will be making over the next few years. Matters of diet, fitness, relationships, stress, sexuality, substance use, mental health, and more can be considered in a future-planning as well as a present-living context. What kind of family do they want to live in? What sort of community qualities will be important? What kind of environment? Health care system? And what are their personal health goals? Wherever possible, these modules urge students to keep one eye on planning a healthy future for themselves, their families, and their world.

Health Is Basic: Part Two

Introductory Activities For Students

Goals of the Module

- To familiarize students with the THITW approach to health education and to encourage their participation in the program.
- To help them develop a comprehensive definition of 'health'.
- To introduce the concept of health tasks.
- To increase students' awareness of health decision making in their own lives.
- To help students recognize that health decisions affect and are affected by at least six interrelated contexts: self, family, friends, workplace, community, world.

Module Overview

ACTIVITY	DESCRIPTION	INSTRUCTIONAL METHOD	# OF CLASS PERIODS
One			
What Is Health? What Are Health Tasks?	Students develop a definition of 'health' and are introduced to the program's approach to health education via the THTM diagram: A Map of Health Tasks.	Discussion, brainstorming, conceptual mapping.	1
Two			
What Is a Health Decision?	Students explore the nature of health decision making.	Mini-lecture, brainstorming, categorization, model for analyzing information (optional Health Decisions Log).	2 (optional homework)
Three			
A Closer Look at the THTM Map of Health Tasks, and at the THTM Modules	Through a brief introduction and with the help of a diagram, students are reintroduced to the health tasks and begin to understand the scope of issues addressed by the modules.	Decision-making exercise via health scenarios, conceptual mapping (optional writing and/or role play).	1

Activity One

What Is Health? What Are Health Tasks?

Objectives

Cognitive: Students will be able to:

- Define 'health'.
- Explain the concept of health tasks.
- Recognize and explain the significance of the THTM Map of Health Tasks: Self, Family, Friends, Workplace, Community, and World.

Affective: Students will:

- Appreciate the importance of health in their lives.
- Become interested in the THTM program.

Activity at a Glance

Through discussion, students develop a definition of 'health' and are introduced to the program's approach to health education and to the THTM Map of Health Tasks.

Preparation

1. Read through the activity so that you are familiar with its main points.

2. Duplicate the "List of THTM Modules," one for each student or each pair of students.

3. Duplicate the "THTM Map of Health Tasks" and "Module Positions" on the THTM Map of Health Tasks, one for each student, or set up an opaque projector so you can project the pages.

Procedure

1. Defining Health

Explain to students that they are about to become involved in a health education program that has been field tested nationally with students from all over the country. The purpose of the program is to help young people recognize that they can make a difference in their own health and the health of others, and to give them the information and skills to do so.

The program is unique in that it started off by asking teenagers what they thought about health and what the most important health issues were for them. In a national survey conducted in 1979, teenagers defined healthy people as those who are lively, strong, and able to do what they want, not tired, rundown, or without much energy. Ask students to discuss this definition and to try to amplify it with ideas of their own. If they find it difficult to define health, you can make it more concrete by having them list adjectives describing a healthy person: e.g., "a healthy person is..." or "a healthy person is one who...." Encourage them to consider how a person feels emotionally and how well he or she relates to others, along with the physical aspects of health.

Once students have had a chance to develop their own definition, explain that the Teenage Health Teaching Modules program is based on a very broad definition of "health" that probably includes a lot of the things they mentioned:

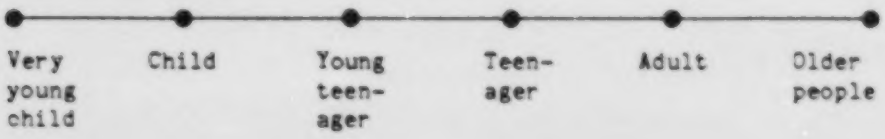
> Health is a condition that enables people to live fully, realizing their full potential. It involves the individual's total being: physical, emotional, and social.

If they have trouble with these words, explain that physical health refers to how well their bodies are functioning; emotional health refers to things like how they feel about themselves, their outlook on life, their ability to manage stress; and social health refers to how well they get along

with other people and to the interest they take in the world around them. (You may want to write the definition on the board.)

2. Exploring Health Issues of Special Concern to Teenagers

Another aspect of the THTM program is that it includes information on issues of special concern to teenagers. Put this time line up on the board:



Explain that at different points in the life cycle, people have different needs, concerns, and interests, so naturally the health issues and risks for people of different ages will also be different. Very young children, for example, need to be fed and clothed and shown lots of affection. They also need to be protected from household poisons and hazardous substances, and should be immunized against childhood diseases. Ask students to mention some of the health needs and/or risks for children, adults, and elders. They may have difficulty seeing that people older than themselves also have needs or that they face special risks. You might, for example, mention that one important health-related need for adults their parents' age is to find satisfying employment. Another major health risk for midlife adults in this country is heart disease.

Next, ask students to list all the concerns, needs, or risks they think relate to teenagers' health. Do not spend a lot of time on this, especially as students may be shy about discussing sensitive issues. Here are some issues that may crop up:

Some Concerns	Some Needs	Some Risks
• Acne	• Developing and maintaining friendships	• Learning to drive
• Physical changes at puberty	• Having more independence	• Exposure to cigarettes, alcohol, or other drugs
• Weight	• Working out changing relationships with parents and other family members	• Decisions about sexual relationships
• Getting along with others	• Doing well in school	
• Overall appearance	• Planning for college or career	
• Relationships with the opposite sex		

The point to emphasize is that THTM went through a similar question-asking process with teenagers from around the country in order to determine what special teenage issues the curriculum should address. While many of the modules in the THTM program look at issues of concern to people of any age, they also include information on issues of special concern to adolescents.

3. Defining Health Tasks and Introducing the THTM Modules

Explain that the THTM program consists of 16 modules including this introductory one, and that each module focuses on a specific health task.

By health task, we mean any physical, emotional, or social health decision area that teenagers should pay attention to in order to develop to their full health potential. As they investigate a health task, students will explore decisions they can make that will improve their chances for health and well-being and their ability to act on behalf of other people's health as well.

Pass out the "List of THTM Modules," pointing out that the titles of the modules are the health tasks. Allow them to read the descriptions of the modules. If students are going to have some choice in selecting which ones they are going to study or in what order, you might tell them this now, so they can read the list with that in mind. If, however, module selection has already been made, you should draw their attention to the module(s) they will be studying and explain that, while they will not get a chance to study the others now, it is important for them to understand where their module(s) fits in the total THTM program.

4. The THTM Map of Health Tasks

Distribute or project the "THTM Map of Health Tasks." First explain the significance of the six concentric circles (self, family, friends, workplace, community, and world) by saying that THTM encourages students to explore issues about themselves and then to move to an ever-widening circle of concern for others. Emphasize that health decisions do not involve individuals only, but also family and friends, and workplace, community, and world conditions. Health decisions made in any one of these areas can affect the health conditions in any others. You might illustrate this relationship dramatically by pointing out that nuclear arms, which is a world concern, has the potential for affecting every man, woman, and child in the world. But also, many people, through their votes and their willingness to speak out, have the opportunity to improve the chances for disarmament. The THTM program is going to en-

courage them to think continually about what they can do in each of these areas to improve health. (See pages 6-12 in this guide for a full discussion of this diagram.)

Next, distribute or project "Module Positions on the THTM Map of Health Tasks" and point out that each module can be located in at least one area. Emphasize that THTM begins by asking students to explore themselves--the changes they are experiencing in adolescence, their physical fitness, and the foods they eat. Therefore, the first three modules in the program (Understanding Growth and Development, Being Fit, and Eating Well) have been located in the inner circle, which represents Self.

Two THTM modules are located in the Family area: Communicating in Families focuses on communication issues within the family and is intended for use mainly by middle school or junior high students. Promoting Health in Families provides guidance on how to ensure health for family members at different points in the life cycle. It is designed for older students, in preparation for the time when they may start families of their own. Five modules are located in the Friends area: Having Friends, Protecting Oneself and Others: Smoking, Drinking and Drugs, Preventing Injuries, Living with Feelings, and Handling Stress. Although our understanding of and feeling about Self and Family are critical to the health tasks explored in these modules, they involve to a very great extent our ability to relate to others outside the family circle.

Improving Health and Safety in the Workplace is located in the Workplace area. Locating Health Resources and Using New Health Research are both located in the Community area, because each of these modules provides information about how to use local resources to learn more about health. Acting to Create a Healthy Environment has been located between the Community and World areas, because there are environmental changes we can make at both the community and worldwide levels. We lower air pollution levels in our local town, for example, by adding emission control devices to cars. However, reducing poisonous emissions from smokestacks in the American Midwest can reduce the negative effects of acid rain thousands of miles away in Canada. So some effects will be local, and some will be global.

As the Map illustrates, the individual or Self is at the center of most health decisions. However, we rarely make health decisions in isolation. We are usually influenced by our families and friends and by conditions in our local communities. Within any one health task or module there are likely to be self, family, friends, workplace, community, and world factors that come into play. Eating Well, for example, is a health task

that is influenced by the cost and availability of food (i.e., community and world conditions), as well as family habits, peer relationships, and even workplace conditions--such as food choices on the job or at school. It is located in the Self sphere, though, because compared to the other health tasks, eating well is something most individuals have a great deal of control over.

Point out that some of the health tasks focus on things we can change pretty much on our own (though, of course, we are influenced by others), while others focus on things we need to work on together. As they study the THTM modules, they will discover that most of the modules in the last three areas--Workplace, Community, and World--focus on health decisions that require group action. For example, while it usually takes one concerned citizen to start the ball rolling, most environmental changes must be achieved through changes in legislation or in industrial practices, which can only be accomplished when a number of people work together.

Point out that the Map indicates broad territories, leaving plenty of room for other topics--future modules--that could be added to the THTM program over time. As we mentioned earlier, for example, a module on nuclear disarmament would go in the World circle. You or your students may discover additional health decision areas that warrent modules; you may even want to develop some modules on your own. These can also be added to the larger Map.

LIST OF THTM MODULES

Health Is Basic: An Introduction to the THTM Program for Teachers and Students

This module provides an orientation for your teacher to the whole THTM program and includes instructions for activities your teacher can use to introduce you to the program, too.

Understanding Growth and Development

This module helps you explore many of the changes younger teenagers experience as they go through puberty. It looks at physical changes, how your body is growing and preparing for reproduction, as well as ways in which your feelings or thoughts may be changing.

Being Fit

This module explains how you can stay fit and healthy for life. It includes activities to test your personal fitness level and helps you plan a realistic exercise program.

Eating Well

You will learn how the foods you eat can help you stay fit, energetic, and attractive, and you will learn about the health risks associated with poor eating habits. You will also learn how to decide whether you are eating healthfully and what you can do to change if you want to improve your eating habits.

Communicating in Families

This module will give you guidance on how to communicate with your parents in constructive ways--how to share with them the changes you may be experiencing as a teenager and what your concerns and hopes are.

Promoting Health in Families

Here is an opportunity to explore the health needs and concerns of family members at different ages. You will learn about teenagers' needs, good prenatal care to protect the development of the unborn and the newborn, what the health risks are for people of your parents' and grandparents' age, and how you can help promote good health in your current family and in any family you might eventually begin in the future.

Having Friends

This module takes you on an exploration of how to make and keep friends. You will learn that choice and effort make good friends, not accident or luck. You will explore the way in which other teenagers have described loneliness, isolation, privacy, and solitude. You will also have the chance to explore the ways in which you can encourage your friends to make healthful decisions.

Living with Feelings

Feelings are a wonderful and natural part of being alive. Sometimes, however, they can be scary or overwhelming. We usually feel better about ourselves and get along better with others when we know what we are feeling and can express it. This module helps you develop the skills to express your own feelings and to help others express theirs. You will also get some guidance on how to deal with especially troubled feelings.

Protecting Oneself and Others: Smoking, Drinking, and Drugs

This module provides lots of information about cigarettes, alcohol, and other drugs and how they can affect your health. You will have the opportunity to decide how you would deal with a number of dilemmas involving the use or nonuse of these substances.

Handling Stress

Are you worried about school or problems with your friends? Have you suffered a personal loss or been under a lot of pressure? On the positive side, perhaps you have just won a statewide competition, have been accepted to the college of your choice, or are trying to make the team? Stresses come in many shapes and forms, some positive, others negative, but whether good or bad they can take their toll on us physically and emotionally. This module gives you practice in handling stress in constructive ways.

Preventing Injuries

This module is called Preventing Injuries instead of Preventing Accidents because it demonstrates that there really is no such thing as an "accident." Injuries usually occur as a result of a series of fairly predictable events. You will learn what the major risks are to people your age and how you can greatly reduce the likelihood of suffering from them.

Improving Health and Safety in the Workplace

Chances are you are going to have to work for a living and if you do, you will want to know what the health and safety risks of your job are. This module explains some of the major occupational health and safety risks and helps you develop skills to investigate the risks associated with any profession or industry, so that you can make the best possible decisions about your work choice and work procedures throughout your life. You will learn how to uncover reliable information about job hazards, how to talk with your supervisor about improving conditions, the importance of personal protective measures, and what your rights are under the law.

Locating Health Resources

Do you have a problem and don't know where to go for help? This module will explain what the various health care facilities are, how to ask your doctor or health care provider questions, and how health insurance works. You will become involved in a survey of your local community to determine exactly where you can get help for whatever ails you.

Using New Health Research

Are you confused or turned off by all those news reports of something else that is bad for you? Health research is always uncovering new information about health risks and some of it may contradict or seem to contradict earlier findings. It is easy to throw up our hands and wait for all the experts to issue the final word. But in health research, there are no final words; science is always learning new things and much of what they learn is bound to be uncertain, at least for a while. This module will explain how health research is conducted and provide you with the skills to critically evaluate health research news reports, so that you can determine whether and how to use all that information.

Acting to Create a Healthy Environment

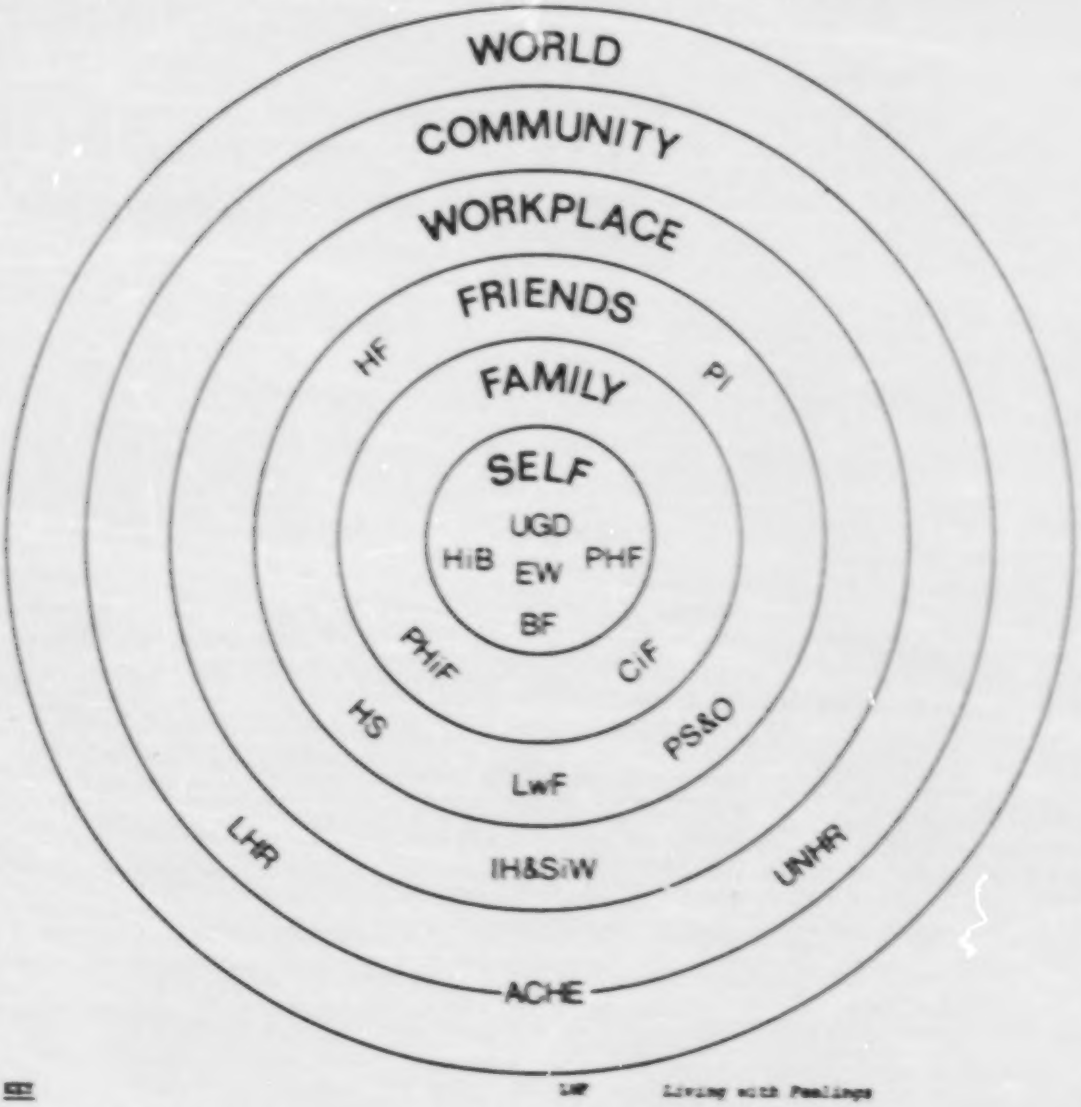
The quality of the water you drink and the air you breathe is critical to your health. This module explains why and involves you in an exploration of the quality of air and water in your own local community. It also includes tips on conservation measures you can take to help protect the environment.

Planning a Healthy Future

The things you do today can affect your health tomorrow. This module encourages you to think about your future and helps you plan now for a healthy, full life.

THINK MAP OF HEALTH TASKS

MODULE POSITIONS ON THE THIN MAP OF HEALTH TASKS



HIB	Health Is Basic	LWF	Living with Feelings
UGD	Understanding Growth and Development	PS&O	Protecting Oneself and Others: Smoking, Drinking, Drugs
BF	Being Fit	HS	Handling Stress
EW	Eating Well	PI	Preventing Injuries
PHF	Planning A Healthy Future	IH&SIW	Improving Health and Safety in the Workplace
CIF	Communicating in Families	LHR	Locating Health Resources
PHIF	Promoting Health in Families	UNHR	Using New Health Research
HF	Having Friends	ACHE	Acting to Create a Healthy Environment

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Activity Two

What Is a Health Decision?

Objectives

Cognitive: Students will be able to:

- Recognize the health-related decisions they make in their lives.
- Identify the three levels of analysis they will be involved in throughout the THTW program: gaining information, exploring factors that influence health decisions, and investigating ways they can help themselves and others adopt healthful behaviors.

Affective: Students will:

- Recognize that things they do or do not do can have profound effects on their health.
- Be motivated to exercise more control over their health-related decisions.

Skills: Students will be able to:

- Identify health-related decisions.
- Categorize health decisions by whether they may have immediate or long-term health effects.

Note: Portions of this activity and the optional activity that accompanies it have been adapted from Activities Two and Six in the THTW module, Using New Health Research.

Activity at a Glance

Through mini-lecture, discussion, and brainstorming, students explore the nature of health decision making.

Preparation

1. Read the activity carefully, so that you are familiar with its main points.

2. Have chalkboard and chalk on hand.

3. Duplicate "The THTM Checklist: What You Will Learn," one per student. (You may want to give students a copy of this sheet every time they finish a module and ask them to answer the questions as a way of reflecting on what they have learned.)

4. Duplicate "Personal Health Decisions Log" and "Sample Health Decisions Log," if you plan to use the optional activity.

Procedure

Day One

1. Explain that the purpose of this lesson is to examine what a health decision is.

HEALTH DECISIONS

Share the following points with your students:

- Everybody can make a difference if they learn to be good health decision makers.
- Whether we know it or not, we are making health-related decisions all the time. The problem is that we are not always aware that we have made a decision, and we are not always clear about the reasons behind it.

- Decision making is a very important process and one that is often misunderstood. A main point in the THTM program is that everything we do and do not do COUNTS. Doing nothing is in itself a decision.

- The basic goal of THTM is to help us become aware of the health-related decisions we make and to help us determine whether we are pleased and satisfied with those decisions.

2. In a brainstorming session, have students name the things they do or do not do that can have an effect on their health (or someone else's), now or in the future. Keep track of their suggestions on the board.

If they get stuck, remind them that they make health decisions all the time, such as how long to sleep, whether to exercise and how much exercise to get, whether to smoke, whether to express anger at a friend, whether to vote or abstain on a public health law, whether to accept a ride with a drunk. If students need further suggestions, use these categories to spur their imaginations: foods they eat, substances they take, exercise, sleeping habits, getting or not getting medical help, safety precautions, stress, interpersonal relationships and how we handle them, actions we take to promote public health and safety.

3. Explain that some health decisions can have immediate effects--like choosing not to wear a seat belt--while other decisions set patterns that may have health consequences years later. Examples of decisions made in the adolescent years that can have far-reaching consequences include smoking, exercise, and diet decisions. Studies have suggested, for example, that American teenagers, whose diets are high in fat, have much higher cholesterol deposits in their veins and arteries and may also have higher blood pressure than teenagers in countries where there is less fat in the diet. These conditions may not pose an immediate threat to teenagers, but they may mean that as adults they could run a much higher risk of heart attack and stroke than people who did not establish these early patterns.

The students, who are, after all, young, energetic, and probably quite healthy, may have difficulty accepting the long-term effects of lifestyle choices on their health. For that matter, many adults discount the effect that regular exercise, smoking or not smoking, and diet can have on their lives. For this reason, it will also be important to encourage students to consider the immediate effects of their health decisions. Smokers do not only have to worry about cancer or heart disease, but they should also consider the stains on their teeth and the

smell of their breath, the trembling hands and the decreased athletic endurance that nicotine can cause.

In addition, you might point out that making healthful decisions does not always mean giving up things we love for benefits somewhere off in the far-distant future. The THTM program does not advocate a life of deprivation. Healthful behaviors can be positive additions to our enjoyment of life and can often have immediate or relatively short-term benefits. Planning a healthy diet, for example, can add new and delicious foods to routine menus, and can improve physical appearance and provide a feeling of well-being. Exercising can add a new dimension to life and has immediate payoffs in giving exercisers greater energy and in helping them maintain proper weight.

4. Look at the list of health decisions that have been generated by this discussion and separate them into two categories: those that could have immediate health effects, and those with possible future consequences. Wherever possible, if a health decision can have both immediate and long-term effects, be sure to show it in both columns. For example:

Decisions with Possible Immediate Effects	Decisions with Possible Future Effects
• Wearing/not wearing seat belts	• Eating foods high in fat
• Riding a bike without a helmet	• Exposure to hazardous substances in the workplace
• Exercising regularly	• Exercising regularly
• Drinking and driving	• Getting too little exercise
• Getting too little exercise	• Getting enough sleep
• Getting enough sleep	• Smoking
• Smoking	• Getting appropriate immunizations at the proper time

Note: This is an appropriate place to break for Day One.

Day Two

Pass out "The THTM Checklist: What You Will Learn," or put it up on the board. The remainder of the lesson will be spent explaining the checklist and exploring how it can be helpful.

Explain that every module will involve students in at least three levels of analysis: gaining information, exploring factors that influence health decisions, and investigating ways people can help themselves and others adopt healthful behaviors.

Following are guidelines for discussion of each level.

Level One: One of the main things the modules in the THTM program will do is provide plentiful and timely information, so that students can base their decisions on the most up-to-date research available. Of course, information on nutrition, exercise, stress, and many other health topics is abundant, ever-changing, and often confusing. Therefore, in addition to information, good health consumers also need concepts and skills that enable them to understand and evaluate new health information as it becomes available. One THTM module, Using New Health Research, specifically addresses this need by providing students with insight into the health research process and with the critical thinking skills to evaluate health research reports.

Level Two: We know, of course, that information alone does not necessarily motivate people to change their behaviors. Most smokers, for example, know that smoking is bad for them, but they continue to smoke.

Ask students to think of all the factors that might influence the health decisions we make--in both positive and negative ways. Record their suggestions on the board, as they call them out. If the conversation gets stuck, here are some significant factors:

Personal likes and dislikes

Lack of time (or perceived lack of time)

A spirit of adventure and curiosity

Religious beliefs

Family or ethnic traditions

Concern for what other people do or think

Fear of acting in unpopular ways

Convenience

Misinformation

Personal feelings and emotions

Cost

Availability or lack of availability of alternatives

Personal values

Just a whim (there may be no apparent reason)

Level Three: Recognizing the possible health consequences of our decisions and then choosing to change our behaviors is often very difficult, so these modules will also suggest ways we can all help ourselves and each other adopt healthful behaviors. They will give students practice in asking for and offering help from a variety of sources and in numerous ways.

As mentioned earlier, there are some things we can do individually and some things we need to work on together. Some health risks can be reduced simply by changing something in our personal habits--like deciding to jog or to quit smoking. (Although even the things we can change on our own are often a lot easier to change with the support and help of others.) Other health threats, such as air and water pollution, dangerous food additives, or noise require that people work together to change the conditions that create the problems. And, of course, there are sometimes things that cannot be changed, in which case the healthiest response may simply be to accept and learn to live with the problem. An alcoholic parent, for example, may not give up drinking, but his or her children can learn healthful ways to accept and handle the situation and can seek help in adjusting to it.

Optional Homework Activity

1. Encourage students to keep a Health Decisions Log (see sample that follows) in which they will keep track of all the health decisions they encounter over a specific period of time. The Log can be kept over the next day, or the next couple of days, or for a week. Or it can be kept retrospectively, in which case we recommend going back only one day, because it is difficult to reconstruct past decisions accurately.

Pass out the blank "Health Decisions Log" (one for each day they will be recording information) and the sample Log. Note that in addition to recording health decisions, students will be recording the factors that influenced them to make the decisions, and the outcomes, if any, the decisions had for them. Go over the sample Log and be sure students are clear about the assignment.

2. After students have successfully completed the Logs, you can debrief the experience by asking for volunteers to describe one decision and one outcome or effect to the whole class. Then discuss the following questions:

- What long-term effect could that decision have on your health? (Try not to be judgmental. If you reserve your opinion, especially in the beginning of the discussion, students will be more likely to engage one another.)

- Where would you go to get more information about your health decision? (For instance, a person who decided against jogging on asphalt because of a vague report about damage to tendons might look for information in a sports medicine journal in the library, or talk with a physician.)

- Which of the THTM modules, if any, do you think might provide more information about the particular health topic mentioned? (If you are free to choose the modules you teach, you might use this activity to involve students in deciding which module they are most interested in.)

Ask students to look through their Health Decisions Logs, especially at the column "Influences," and to call out some factors that influenced their behavior, like time, family traditions, peer advice, media reports, etc. The purpose of this activity is to make students more aware of the many and varied factors that influence their health decisions.

THE THTM CHECKLIST: WHAT YOU WILL LEARN

Level One: THTM will provide you with lots of information.

After each module, ask yourself: What did I learn about this health task?

Level Two: THTM will help you explore the factors that influence health decisions.

After each module, ask yourself: Other than information, what things seem to affect whether or not people will make healthful choices?

Level Three: THTM will help you discover ways to help yourself and others adopt health-enhancing behaviors:

- Some will be things you can do on your own.
- Some will be things you will need to work on together with other people.
- Some things you may not be able to change.

After each module, ask yourself: What are some things I can do (alone or with others) to improve my health and the health of others?

SAMPLE HEALTH DECISIONS LOG

	HEALTH DECISION	*INFLUENCE*	*OUTCOME*
Morning	Hate breakfast--but ate fruit and toast anyway.	Parents!	More energy.
	Rode to school without my helmet.	No reason. Felt like it.	Nothing happened, luckily.
Afternoon	Swam after school--18 laps.	I read somewhere that swimming is good for you. Plus, I feel fat.	I felt refreshed.
Evening	Passed up that cigarette Joe offered me!	That report last year in Time, and what they said on TV the other night.	Feel better, proud--don't want to start smoking again.
	No coffee tonight.	Sometimes it keeps me awake. Besides, I'm confused about that new caffeine report.	Felt more relaxed. Fell asleep easily and slept well.
	Had chocolate cake!	Me. Tonight I don't care about calories!	Satisfaction.

MY OWN HEALTH DECISIONS LOG

Make multiple copies of this form, one for every day you will keep the log.

	HEALTH DECISION	*INFLUENCE*	*OUTCOME*
Morning			
Afternoon			
Evening			

Activity Three

A Closer Look at the THTM Map of Health Tasks And the Modules

Objectives

Cognitive: Students will be able to:

- Map a series of hypothetical health scenarios on the THTM Map of Health Tasks.
- Categorize health scenarios by whether they mainly represent problems individuals can solve on their own or whether they will need the help of others.

Affective: Students will:

- Become more interested in the THTM Modules.

Activity at a Glance

In a brief introduction and with the help of a diagram, students are reintroduced to the THTM Map of Health Tasks and begin to understand the scope of issues addressed by the THTM modules.

Preparation

1. Duplicate "The THTM Map of Health Tasks" and "Module Positions on THTM Map of Health Tasks" from Activity One, one of each for each group of students, or set up an opaque projector so you can project the pages.

2. Make one copy of "Sample THTM Health Scenarios" and cut it up so groups of students get individual scenarios, or make a copy of all dilemmas for each group.

3. Duplicate "Five Steps," one for each pair or group of students, or put the questions on the blackboard.

Procedure

1. Pass out the student handouts "Five Steps" and "Sample THTM Health Scenarios" and ask students to read each scenario. Either in small groups or in pairs, students should analyze one scenario using the five steps. Then have students share their advice and decisions with the rest of the class.

2. Tell students that each scenario represents an example of the kind of issues dealt with in a particular module, but do not tell them which scenario goes with which module. The scenarios correspond to the THTM modules as follows*:

Scenario 1: Understanding Growth and Development

Scenario 2: Being Fit

Scenario 3: Eating Well

Scenario 4: Communicating in Families

Scenario 5: Promoting Health in Families

Scenario 6: Having Friends

Scenario 7: Living with Feelings

Scenario 8: Handling Stress

*No scenarios have been developed for Health is Basic and Planning a Healthy Future, the introductory and concluding modules for the program.

Scenario 9: Protecting Oneself and Others: Smoking, Drinking, and Drugs

Scenario 10: Preventing Injuries

Scenario 11: Improving Health and Safety in the Workplace

Scenario 12: Locating Health Resources

Scenario 13: Using New Health Research

Scenario 14: Acting to Create a Healthy Environment

Of course, each scenario is only a very small sampling of the issues covered in the module, but it should give students a sense of what to expect.

3. Distribute copies of "THTM Map of Health Tasks" and "Module Positions on THTM Map of Health Tasks," or project the pages so students can refer to them. Now that students know which module their scenario corresponds to, compare the location of that module with the location they assigned to their scenario. Do they coincide? If there are disagreements (and there are bound to be), ask students to defend their placements. The ways in which the modules have been mapped on the "official" map are meant to be suggestive, not prescriptive. Furthermore, it is often the case that several spheres play important roles. Sound differences of opinion as to which is predominant are welcome!

4. Variation: You could have students write down their advice to the main character in the scenario and publish both the scenarios and the advice in a class HEALTH ADVICE Newsletter. Later, students could anonymously generate their own health dilemmas, post them on the class bulletin board, and await their answers either in a periodic newsletter or by returning to the bulletin board for replies.

As another alternative, you could have groups of students prepare the scenarios as role plays to present to the class.

SAMPLE TNTM HEALTH SCENARIOS

Scenario #1

Melissa is thirteen and she's feeling depressed about how she looks. She thinks her nose is too big, her mouth is too wide, and that she is too fat. She is convinced that no one will ever find her attractive.

Scenario #2

Michael has been jogging every day after school and feels terrific. For some time now, he's been going out with Marilyn, who doesn't do much of anything for exercise. Marilyn resents the time Michael spends at the track, while Michael wishes he could encourage Marilyn to join him.

Scenario #3

Jose is very concerned about his father's health, because his father has just been diagnosed as having high blood pressure. Jose knows that his father could help control his high blood pressure if he cut down on salt and lost some weight, but his father just loves salty foods like pickles, potato chips, and salted peanuts, which he eats every night in front of the TV.

Scenario #4

Marjorie is convinced that her parents just don't understand her. Why won't they do anything??? Her little sister keeps bugging her, always getting into her things. She even reads her private notes and laughs at what her friends say in them. And all Marjorie's parents will say is, "Be patient, dear. You are the older one." She's tired of being patient and wishes her mother or father would do something.

Scenario #5

Carrie is giving her two-year-old a bath. Nancy loves the water and is splashing and having a great time. The telephone rings and Carrie considers leaving the room to answer it. She knows that hot tap water can fatally scald an infant, but she figures she'll only be gone a minute.

Scenario #6

Jerry arrived at a new school in January and he's been having a lot of trouble making friends. Some of the kids at the school are mean and tease him because he stands out a little, is a little different. Like he eats bean sprouts and carrots every day for lunch; he doesn't care about football or any other varsity sports and wants to be an actor. Jerry's tired of the harassment, and he'd really like to make some friends.

Scenario #7

Leroy just got accepted to the state all-schools' orchestra. He's going to be playing first violin!!! But even that can't make him feel really good. He really wanted to make the football team, but he just couldn't do it. Seems like whatever he does, he just doesn't feel good about himself.

Scenario #8

When his parents separated, John was very upset, although he had known about the conflict between his parents for some time. He feels he can untangle the situation if only he thinks about it long enough. Anyway, he has a slight suspicion that somehow it's really all his fault, although he knows that that is often a first response by kids whose parents are divorcing. He's been having a lot of trouble sleeping, and can no longer concentrate on his school work. It's now 3 AM and he's writing down changes he wants to suggest to his parents.

Scenario #9

Carl's uncle took him to a softball game and cookout at a state park about an hour's drive from his house. After the game Carl's uncle did a lot more drinking than eating, and he and quite a few of the other guys got pretty drunk. Carl can't drive (he's only 14), and he knows his uncle will get really mad if Carl tries to talk him out of driving. He would call his parents, but the phone is pretty far away and there's no time anyway--his uncle is getting ready to leave.

Scenario #10

Jim has been noticing neighborhood kids playing in a tree next door. They are having a lot of fun, climbing out on the branches. However, there is an overhead wire running through the tree; it extends from the street line to the house. He is worried that one of the children may accidentally touch the wire or that electricity may arc to one of them. Occasionally he has said hello to these kids when he has seen them on the street. He doesn't know their parents personally, but he knows which house each child lives in. He's wondering if he should intervene in some way or not.

Scenario #11

Sharon doesn't understand what is bothering her. She used to be outgoing, sociable, and always ready for the next activity with her friends. During the past six months, however, Sharon has become withdrawn. She is always afraid people won't like her, that she won't know what to say or even how to act. Lately, she has been spending most of her time outside school hours in her room at home--watching TV or just staring out the window. She knows she needs counseling help, but doesn't know where to get it.

Scenario #12

Joanne has been having headaches regularly and has just learned that they may be caused by the fumes from the duplicating machine in her office. She would like to avoid the machine, but to do her work effectively she frequently has to make copies of documents.

Scenario #13

Andy just heard a news report that says some scientists think that carrots and maybe other vegetables with vitamin A in them can reduce smokers' chances of lung cancer. Well, he'd much rather eat carrots than give up smoking, and he wonders where he can get more information about this report.

Scenario #14

John lives on an Indian reservation located near a forest that supplies a large timber company. The timber company has applied to the state for a permit to spray insecticides in the forest, which John has heard will get into the water supply and pose serious health threats for humans. There is going to be a public hearing to determine whether the timber company will get its permit. John is very shy about talking in front of groups, but he believes it will be very important to attend. He's not sure what to do.

FIVE STEPS

Use these questions to analyze the health scenarios.

Step One: What kind of dilemma is the main character facing? What health decisions are involved?

Step Two: What factors must the character take into account before acting? What factors are likely to influence the character or other people in the scenario--in either positive or negative ways?

Step Three: What advice can you give to the main character to help him or her cope with the problem?

Step Four: How much can the character do on his or her own? Will the character need the help and support of others to solve the problem? To what extent will such help be necessary?

Step Five: If you were to place the scenario on the THTW Map of Health Tasks, where would it go? Does the problem or decision have mainly to do with self, family, friends, workplace, community, or world? Which sphere is most important? Why do you think so? What others are also important?

Using this map, indicate your choice:

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